	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE		NSERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110	
+	FILE		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS	\circ \circ κ	
	LAND OFFICE			br.	
	TRANSPORTER GAS /			1	
	PROBATION OFFICE				
I.	perator				
	CONTINENTAL OIL COMPANY				
	Box 460	Cox 460 HORRS, M.M. 88240			
	Reason(s) for filing (Check proper box)	Other (Please explain) Well Change in Transporter of:			
	Recompletion	Oil Dry Gas			
	Change in Ownership	Casinghead Gas Condens	ate		
	If change of ownership give name and address of previous owner				
11. DESCRIPTION OF WELL AND LEASE Well No.: Fool Name, Including Formation Kind of Lease				Lease No.	
	Unit Letter M: 660 Feet From The South Line and 800 Feet From The 1x/657				
	Line of Section 32 Tow	mship 251/ Range 4	IW, NMPM, ROA.	RRIPA County	
TO ANGROPHE OF ON AND NATURAL CAS					
III.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give undiress to which approve		
	SHELL PHERME	inghead Gas F or Dry Gas	Address (Give address to which approved	d copy of this form is to be sent)	
	Name of Authorized Transporter of Cas	1	El PASO TE		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When		
	give location of tanks.	J 128 25 N 4W	7/5.		
737	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool, g		Det Dut Broth	
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Bo			Plug Back Same Res'v. Diff. Res'v.		
	0 . 0 .11-1	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	2-8-73	Name of Producing Formation	75/0	7428 Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top 0:1/Gas Pay	729/ (KB) Depth Casing Shoe	
	6/11/477 Perforations 62/12, 747 96.99	Elevations (DF, RKB, RT, GR, etc.) Name of Producting Formation 6799 67 644 67 6400.0306,23.26.29.46.66.64; Perforations 6272, 14796.99;6302, 05,06,11.26; 6400.0306,23.26.29.46.66.64; Perforations 6272, 14796.99;6302, 05,06,11.26; 1495,99; 1312,14,16.15. 2022,24,26.28 7299			
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12 74	2=18"	7499	2110	
	11/18	5/2	7477	X, 11 Q	
				-1 to sevel to or exceed top allow	
7√	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil a pth or be for full 24 hours)		
	Date First New OL Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)	
	5-16-78 Length of Test	6-19-78 Tubing Pressure	FLOWING.	Choke Size	
	Length of Lest 24 / 125 Actual Prod. During Test		A/- Al Water - Bble.	Gas-MCF	
	Actual Prod. During Test	0:1-Bbis.	Water-Bbls.	458	
		//0			
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Feddu of Jest			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	1. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. (Signature) (Signature) (Title)				
			TITLE SOPESWASOR D.A.		
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	JUNE 26,1	1978		TIT and VI for changes of owne	
		Oate) 도나도	well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiple		
,	MOCC (5) 11898 (9) 1	·	completed wells.		