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NO. OF COPIES RECEIVED 5		ISERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
SANTA FE		OR ALLOWABLE	Effective 1-1-65
FILE		AND	•
u.s.g.s.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	72
LAND OFFICE			
IRANSPORTER GAS /			
OPERATOR 2			
I. PRORATION OFFICE			
CONTINENTA.	L OIL COMPAN	· •	
P.O. Tox 4	10 HOBBS	Other (Please explain)	P. P. 2.413
Reason(s) for filing (Check proper box)	C) t- T	Office (7.73333)	
New We!l	Change in Transporter of: Ott Dry Gas		
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	ate	
If change of ownership give name and address of previous owner			
	_		
II. DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For	mation Kind of Lease State, Federal	or Fee 11M-18327
Location 29-4	J BAST SAN JU	AN · GALLUT	1./
1. 182	O Feet From The SOUTH Line	and 970 Feet From T	he WEST
Unit Letter Town	1911	ful , NMPM. RIO	ARRIBA County
		_	
III. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approx	ed copy of this form is to be sent)
	nghead Gas Or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)
Name of Authorized Transporter of Casi	nghedd Gas or Dry Gus	MO. JOX 13-6	ITAH 14/10
NORTHHEST PIPELL	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	
If well produces oil or liquids, give location of tanks.		No	
If this production is commingled with	that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Completion	n – (X)		P.B.T.D.
Date Spudded //-/6 - 73	Date Compl. Ready to Prod.	Total Depth	7300 Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	I uping Deptii
Perforations	GALLUP		Depth Casing Shoe
7563-	8136'	7.5000	1 7000
	TUBING, CASING, ANI	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	500
15 "	103/4"	3/2	280
§ 3/4: "	7,"	7273- 5/33'	150
	1/2"	13/3	
	The state of the s		

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Water - Bbls. Oll-Bbls. Actual Prod. During Test

GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	20 HRS. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
P O COURT IN	2020	OIL CONSERVATION COMMISSION	

L CERTIFICATE OF COMPLIANCE

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.

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.

This form is to be filed in compliance with RULE 1104.

Original Signed by A. A. Mendrick

STRIBETAR

Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

APPROVED -

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