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U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL OIL				
TRANSFORTER	GAS				
OPERATOR					
PRORATION OFFICE					

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Fill out Sections I, II, III, and VI only 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.

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

LAND OFFICE	AUTHORIZ	ATION TO TRA	MOSPURT UIL AND N	ATURAL GAS	
TRANSPORTER GAS			\$		
OPERATOR					
PRORATION OFFICE	-				
Operator					
Cont	inental Oil Co	mpany			
Address	. Box 460, Hot	ha New M	artan		
Reason(s) for filing (Check prope	<u>-</u>	708, New M	Other (Please	explain)	
New Well	Change in Tran	sporter of:	_ Pool el	hanged fro	om Undes.
Recompletion	Oil	Dry Go			_
Change in Ownership	Casinghead Ga	S Conder	rsate TO JAII	mat Clas Po	101.
If change of ownership give na and address of previous owner					
I. DESCRIPTION OF WELL A	AND LEASE				
Eaves B-1		1	me, Including Formation		d of Lease te, Federal or Fee <b>Federa</b> .
Location Unit Letter	330 Feet From The	e <b>S</b>	e and 980	Feet From The	West
Line of Section 31	, Township 268	Range <b>3</b>		Lea	County
I. DESIGNATION OF TRANS  Name of Authorized Transporter			Address (Give address to	which approved co	opy of this form is to be sent)
Shell Pipeline			P. O. Box 19		
Name of Authorized Transporter		or Dry Gas 🗀	,		opy of this form is to be sent)
El Paso Natura	Unit Sec.	Twp. Rge.	P. O. Box 1: Is gas actually connected		New Mexico
If well produces oil or liquids, give location of tanks.	К 30	268 37E	Yes	'	22-64
If this production is commingly. COMPLETION DATA	ed with that from any oth	ner lease or pool,	give commingling order	number:	
Designate Type of Com	pletion - (X)	ll Gas Well	New Well Workover	Deepen Plu	g Back   Same Restv. Diff. Rest
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	P.E	3.T.D.
Pool	Name of Producing	Formation	Top Oil/Gas Pay	Tul	ping Depth
Perforations				Dej	pth Casing Shoe
	THE	NC CASING AN	D CEMENTING RECOR	<u> </u>	
HOLE SIZE		UBING SIZE	DEPTH SE		SACKS CEMENT
V. TEST DATA AND REQUE	ST FOR ALLOWABLE	T. (Test must be a	ifter recovery of total volun	ne of load oil and m	nust be equal to or exceed top allo
OIL WELL		able for this d	epth or be for full 24 hours,		
Date First New Oil Run To Tan	ks Date of Test		Producing Method (Flow	, pump, gas lijt, etc	·· <i>)</i>
Length of Test	Tubing Pressure		Casing Pressure	Ch	oke Size
Actual Prod. During Test	Oil-Bbls.		Water-Bbls.	Ga	s-MCF
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF	Gro	avity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pressure	Ch	oke Size
/I. CERTIFICATE OF COMP	LIANCE		OII C	ONSERVATION	ON COMMISSION
i. CENTIFICATE OF COMP	LALAIT VAL				
I hereby certify that the rules	and regulations of the	Oil Conservation	APPROVED	7	, 19
Commission have been comp above is true and complete	to the best of my know	information given ledge and belief.	BY		
			TITLE		
		~			
John &	ault 111		If this is a requ	est for allowable	liance with RULE 1104. e for a newly drilled or deepen
	,		well, this form must	be accompanied	by a tabulation of the deviati
Staff Su			All sections of	this form must be	e filled out completely for allo
(Title)		able on new and recompleted wells.			

(3) PAN AM\_HOBBS (3) ATL.-ROS.(2) -MID. (2) FILE