DISTRIBUTION  SANTAFE  FILE  U.S.G.S.	REQUEST	ONSERVATION COMMISS: FOR ALLOWABLE ANDES GEFICE O. C.C.	Form C-104 Supersedes Old C-104 and C-116 HUBBS OFFICE O. C. C.
LAND OFFICE  TRANSPORTER  OIL  GAS  OPERATOR  PRORATION OFFICE  Operator	AUTHORIZATION TO TRA	JUN 1 8 47 AM '69 J	UN 17 1 26 AM '69
Continental Oil Compar	ny		
Address Box 460, Hobbs, New Me	exico <b>8</b> 8240		
Reason(s) for filing (Check proper box	)	Other (Please explain)	**************************************
New Well  Recompletion	Change in Transporter of: Oil	S         •	se designation
Change in Ownership	Castrighead Gas Conden	sate Formerly - Wm	. MICCHEII A
If change of ownership give name and address of previous owner		,	
DESCRIPTION OF WELL AND Lease Name	LEASE Lease No.   Well No.   Fool Na.	ne, Including Formation	Kind of Lease
Mitchell A	1 1	mar Paddock	State, Federal or Fee Federal
Location Unit Letter C ; 12	95 Feet From The North Line	and 1520 Fact From	<sub>The</sub> West
20	17 Courth	•••	
Line of Section 20 Tou	waship 1/ South Range	32 East , NMPM, Lea	County
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sense.)  Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sense.)  Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sense.)		Artesia, New Mexico	
Continental Oil Compar	Unit Sec. Twp. Rge.	Maljamar, New Mexico	en .
If well produces oil or liquids, give location of tanks.	C 20 17S 32E	Yes	N/A
If this production is commingled will COMPLETION DATA  Designate Type of Completic  Date Spudded	on - (X) Oil Well Gas Well  Date Compl. Ready to Prod.	•	Plug Back   Same Res'v.   Diff. Res'v.
•	Date Compil Ready to Plod.	Total Deptil	7.0.1.0,
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations		I	Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FOOIL WELL  Date First New Cil Run To Tanks	OR ALLOWABLE (Test must be of able for this deposition of Test)	ter recovery of total volume of load oil oth or be for full 24 hours)  Producing Method (Flow, pump, gas li	and must be equal to or exceed top allow- ft, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choko Size
	,	•	C VOZ
Actual Prod. During Test	Off-Bbls.	Water-Bbls.	Gas • MOF
O LO MEST Y	. 4.		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
CERTIFICATE OF COMPLIAN		OIL CONSERVA	TION COMMISSION
Olis III IOMA II O O O O O O O O O O O O O O O O O O			N 2 1959
Commission have been complied v	egulations of the Oil Conservation with and that the information given best of my knowledge and belief.	BY	any
,		TITY SUPERVISOR I	
m. E. luch	See of	If this is a request for allow	compliance with RULE 1104.
Administrative Section Chief		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 allow-	
June 3, 1969		able on new and recompleted wells.  Fill out only Sections J. B. III, and VI for changes of owner.	
(Date) NHOCC(5) File		well name or number, or transpor Separate Forms C-104 mus	ter, or other such change of conditions the filed for each pool in multiply
		completed wells.	