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

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

JUN 10 1969

O. C. C.
ARTESIA, OFFICE

I. Operator **Hugh L. Johnston, Sr.**

Address **719 Midland Tower Bldg. Midland, Texas 79701**

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Change of Transporter from
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Continental Oil Company to
	Dry Gas <input type="checkbox"/>	Navajo Refining Company
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Continental State	Well No. 1	Pool Name, including Formation Artesia Premeir	Kind of Lease State, Federal or Fee State
Location			
Unit Letter L	1914 Feet From The South Line and 401 Feet From The West		
Line of Section 30	Township 17 S	Range 29 E	NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co. Pipeline Division	North Freeman Avenue Artesia New Mex.
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Pan American Petroleum Corporation	P. O. Box-591 Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
L 30 17 S 29 E	yes Feb. 22, 1965

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB 144**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Pool	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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.

Celestia E. Johnston
 (Signature)
Secretary
 (Title)
June 10, 1969
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED **1969**, 19
 BY **R. J. Hamt**
 TITLE **OIL AND GAS INSPECTOR**

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.
 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.