	NO. OF COPIES RECEIVED	· · ·		
	DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form: C-104
-	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65
	U.S.G.S.		AND	
	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	TRANSPORTER OIL	1	The second secon	
	GAS /			
	OPERATOR /			4200
I.	PRORATION OFFICE Geerator		i d	2 1 1368
	Continental Oil Company OHL CON. COM.			
	Address		\ *	DIST. 3
		200 North Wolcott, Casi	per, Wyoming 82601	7.5.1
	Reason(s) for filing (Check proper box)		Other (Plcase explain)	
	New Well X Recompletion	Change in Transporter of: Oil Dry Ga		•
	Change in Ownership	Oil Dry Ga Casinghead Gas Conder		
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND I	LEASE LW-LD-LN-	me, Including Formation	
		1 1	signated Dakota	Kind of Lease State, Federal or Fe Federal
	Jicarilla 28	4 Undes	signated bakota	State, Federal of Federal
	Unit Letter D / 48	S5 Feet From The N Lin	ne and 760 Feet From	The W
	pint Letter;	- reet from the Lin	ne and 760 Feet From	The
Line of Section 34 , Township 25N Range 4W , NMPM, Rio Arriba				iba County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil X or Condensate Address (Give address to which approved copy of this f				wed conv of this form is to be sent
	Shell Oil Company	· ·	P.O. Box 1588, Farming	
	Name of Authorized Transporter of Cas	inghead Gas X or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
	El Paso Natural Gas	Company	P.O. Box 990, Farmingt	on, New Mexico
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en
	give location of tanks.	J 28 25N 4W	Yes	10-27-68
	f 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 Restv. Diff. Restv.
	Designate Type of Completio	$\mathbf{x} = \mathbf{x}$	X	1 , 1
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	9- 28-68	10-27-68	7625'	7 590 '
	Pool	Name of Producing Formation	Top Oil/Gas Pay 7341'	Tubing Depth 7317
	Undesignated Dakota Perforations	Dakota	7341	
	7537-52, 7508-10, 7495-99, 7365-72, 7354-56, and 7341-50 Depth Casing Shoe 7625			
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12 1/4"	8 5/8"	235	175
	7 7/8"	5 1/2"	7625	770
		2 3/8"	7317'	
₩7	MEGGENAGIA AND DEGLICE E	D. AVY OWADY E		
٧.	OIL WELL		fter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-
	Date First New Cil Run To Tanks	Date of Test Producing Method (Flow, pump. gas lift, etc.)		ft, etc.)
	10-27-68	11-8-68	Flowing	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	24 hrs. Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
		33	45 BLW	109
	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
	Costing method (press, most pre)	Tubing Freesare	Castig Fressure	Choke Size
VI.	CERTIFICATE OF COMPLIANCE	T	OIL CONSERVA	ATION COMMISSION
V E.	CLARITY OF COM BIANCE		JIL CONSERVA	
•	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.		APPROVED	NOV 2 1, 1968
			B Original Signed In	n aray ng 💆 🔃
	The same of the sa		TITLE SUPERVISOR DIST. #5 This form is to be filed in compliance with RULE 1104.	
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	Called the purpose BY:			
	J. A. UBLIEN (Signature)		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	
	Division Administrative	•	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.	
	Division Administrative (Tit			
	November 18, 196	·		
	(Da		well name or number, or transporter, or other such change of condition.	
2	MOCC(4) BEA File		Separate Forms C-104 must be filed for each pool in multiple completed wells.	
	· ·		A Controller of the test where	•