NO. OF COPIES RECEIVED				
DISTRIBUTION SANTA FE FILE				
			U.S.G.S.	
			LAND OFFICE	
IRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE				
<b></b>				

	DISTRIBUTION SANTA FE		CONSERVATION COMMIC N	Form C-104
	FILE	- REQUEST	FOR ALLOWABLE  AND	Supersedes Old C-101 and C-1 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	_ GAS
	TRANSPORTER OIL			
	GAS			
1.	PRORATION OFFICE Operator	_		
	Continental Oil Compan	ıy		
	P. O. Box 460, Hobbs,	New Mexico 88240		
	Reason(s) for filing (Check proper box New Well 2100 2	has in Change in Transporter of:	Other (Please explain)	
	Recompletion X to Produce	Oil Dry G	This well has a	been converted from gas
	Change in Ownership	· · · · · · · · · · · · · · · · · · ·		as per Commission
	If change of ownership give name and address of previous owner		order NO.	-
	DESCRIPTION OF WELL AND	LEASE		× 100
	Lease Name	Well No. Pool Name, Including F		Leusa No.
	MCA Unit By	+ 128 malg. 29-	State, Fede	2C - 058697
	Unit Letter F : 13	45 Feet From The north Lin	ne and 1345 Feet From	The West
				•
íI.		TER OF OIL AND NATURAL GA		County County
[	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form		e, Ostesia, n. men.		
	Mo Garan Hard			
	If well produces oil or liquids.	Unit Sec. Twp. Rge.	Is gas actually connected?	hen
L	give location of tanks.	H 26 17 32	yez!	N/A
۷. ا	COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
	Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.
-	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		4-3-70	4191	-
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
t	Perforations	Jan Underson		Depth Casing Shoe
-	$\mathcal{O}\mathcal{H}$			3924
-	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD	
	No charac	8 5/8	1250	SACKS CEMENT
-	11 11	2 1/2 1.	3924	200
+		3 78	4199	
'. j	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be of	ter recovery of total valume of load ail	and must be equal to or exceed top allow.
(	OIL WELL Date First New Oil Run To Tanks	able for this dep	pth or be for full 24 hours) Producing Method (Flow, pump, gas l	
	4-3-70	4-6-70	Producting wearon (1-10w, pemp, gas t	iji, erc.)
'	Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
<i>\</i>	Actual Prod. During Test	Oil-Bbls.	Water · Bbls.	Gaa-MOF
		5	0	757111
c	gas well			
		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u> </u>				or and of solutions
	Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
. С	ERTIFICATE OF COMPLIANC	E	OIL CONSERVA	TIAPPROMESISTIC
Commission have been complied with end that the information given above is true and complete to the best of my knowledge and belief.		APPROVED	13	
		er of others		
		TIPLE JUPERVISOR DISTRICT		
	S 200 / 1			
	Mary Misses			compliance with RULE 1104, vable for a newly drilled or deepened
ADMINISTRATIVE SECTION CHIEF		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with null 111.		
(Title)			All sections of this form mu	et be filled out completely for allow-
	4-20-		able on new and recomplated we Fill out only Sections I. H	. III. and VI for changes of owner.
	MMOOO (E) (Date	) : : : : : : : : : : : : : : : : : : :	well name or number, or transport	en or other such change of condition.

HHOCC (5)

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

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

REFINED

APR 8 1 1970

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