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

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE (2, 0, AND

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

U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
LAND OFFICE	MAY 9 G 40 MM 67				
TRANSPORTER GAS	-				
OPERATOR					
I. PRORATION OFFICE					
Continental 011 Co	mpany				
Address P. O. Box 460, Hol		 IO	2113		
Reason(s) for filing (Check proper box		Others/Please explain)	To show Fameries 011		
New Well	Change in Transporter of:	Refining Co.,	Inc. as Transporter		
Recompletion	Oil Dry Go	of Royalty Condensate for U.S.G.S.			
Change in Ownership	Casinghead Gas Conde	nsate			
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	Ormation Kind of Lea	se Lease No.		
warren Unit	26 Warren Tub	State, Fede	ral or Fee Federal Lease No.		
Location Unit Letter;	560 South Feet From The Lir	660 ne and Feet From	West		
27	208	385	Lea		
Line of Section To	wnship Range	, NMPM,	County		
III. <u>DESIGNATION OF TRANSPOR</u>	TER OF OIL AND NATERAL GA	IS			
Variaties Oil & N	rining Company, Inc.	Box 900, Hobbs, M	this form is to be sent)		
Name of Authorized Transporter of Co	orporation —	Address Give address to which appr BOX 6, Honuagent,	need copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit Sec. 7 Two Rg 38	Is gas actually connected?	^{he} 7-8-63		
If this production is commingled w	ith 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 Res'v. Diff. Res'v.		
Designate Type of Completi	on - (X)				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay Tubing Depth			
Perforations			Depth Casing Shoe		
	T	D CEMENTING RECORD	64.000.054545		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load of epth or be for full 24 hours)	il and must be equal to or exceed top allow		
Date First New Oil Run To Tanks	Date of Test Producing Method (Flow, pump, gas lift, etc.)		lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF		
		1			
GAS WELL		Ta.,			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION			
I hereby certify that the rules and	ertify that the rules and regulations of the Oil Conservation ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		, 19		
Commission have been complied with and that the information given appropriate and appropriate the information given appropriate given appropriate given		87	87		
CALIF-Mid-3 FILE					
		TITLE			

June of Start 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. Supervising Engineer 5-5-67

(Date)

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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

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