## DISTRUBUTION NEW MEXICO OF CONSERVATION COMMISSION Porin C-104 SANTA FF REQUEST FOR ALLOWABLE Supersedes Old C-104 on : C-110 FILE Effective 1-1-65 AND u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER OPERATOR PROPATION OFFICE Operator CONTINENTAL 01L CO. MEXICO HOBBS NEW 460 New Well Change in Transporter of: FORMERLY -WELL REDESIGNATION Oil Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate WILDER No If change of ownership give name and address of previous owner \_\_\_\_ . DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Lease Name Lease No. EL MIAR DELAWARE LC-069515 NORTH ELMAR Feet From The South Line and 1980 Feet From The Unit Letter 26-5 Range 32-E County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 🔀 Address (Give address to which approved copy of this form is to be sent) XAS NEW MEXICO of Authorized Transporter of Casinghe PIPELINE Gas V or Dry Gas (NG;GP) HOUSTON, 016 CONTINENTAL If well produces oil or liquids, 32 give location of tanks. YE-5 If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Gas Well Same Res'v. Diff. Res'v. Oll Well Plug Back Deepen Designate Type of Completion =(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 Cil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT DEPTH SET 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 allow able for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Casing Pressure Choke Size Tubing Pressure Gas - MCF Actual Prod. During Test Otl - Bbls. Water - Bb.s. GAS WELL 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-1a) Choke Size

T. 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.

5 Kallutta

(Signature)

ADMINISTRATIVE SUPERVISOR

(Title)

1/-/5-73

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OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_\_, 19 \_\_\_\_\_

BY\_\_\_\_

This form is to be filed in compliance with RULE 1104.

TITLE \_

If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio 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 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 multipl completed wells.