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		GAS		
	OPERATOR		2	
	PRORATION OFFICE			
	Operator			
	Archie M. Spe			
i	Address			
	Post Office I			
	Reason(s) for filing (Check proper box)			
ı	New Well			
	n			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104

Supersedes Old C-104 and C-110 Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED JUN 9 1967 C. C. C. ARTEBIA, OFFICE Drawer 40 Artesia. New Mexico Other (Please explain) Change in Transporter of: Change lease name and number from South Red Lake Grayburg Unit Tract 1 #4 Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Kind of Lease State, Federal or Fee SRIG Unit Red Lake Grayburg LC 028755A 990 Feet From The South Line and 2310 Feet From The Line of Section 35 Township Range 17 , NMPM, 27 County Eddy III. 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) Continental Oil Company
Name of Authorized Transporter of Casinghead Gas N. Freeman Avenue Artesia, New Mexico
Address (Give address to which approved copy of this form is to be sent) or Dry Gas Twp. Rge. Is gas actually connected? When If well produces oil or liquids, give location of tanks. N. 35 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Deepen Plug Back Same Res'v, Diff. Res'v. Designate Type of Completion - (X) 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 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE 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 Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbla. Water - Abls. Gas - MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) Casing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION 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. TITLE Orig. Signed by This form is to be filed in compliance with RULE 1104. APCHIE M. SPE'R 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. (Signature) UNIT OPERATOR 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.

June 9, 1967