NO. OF COFIES MECLIVED   3     DIST HIBUTION   1     ANTAFE   1     TILE   1     J.S.G.S.   1     LAND OFFICE   01L     TRANSPORTER   01L     OPERATOR   1     PRORATION OFFICE   1	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 $\mathbf{R} \in \mathbf{C} \in \mathbf{T} \times \mathbf{E} \mathbf{D}$ GAS JUN 1 1009 D. C. C. ARTEBIA, OFFICE
Continental Oil Compan Address			
Box 460, Hobbs, New Me Reason(s) for filing (Check proper box, New Well Recompletion Change in Ownership	Change in Transporter of: Oil X Dry C	as	
If change of ownership give name and address of previous owner	•		
I. DESCRIPTION OF WELL AND Lease Name	LEASE Lease No. Well No. Pool N	ame, Including Formation	Kind of Lease
Cave Pool Unit	35 Cav	e Grayburg	State, Federal or Fee State
Unit Letter <u>A</u> ; <u>6</u>	60 Feet From The North L	ine and <u>660</u> Feet From	The East
Line of Section 8 Tov	waship 17 South Range	29 East , NMPM, Ed	dy County
I. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil Navajo Refining Compan Name of Authorized Transporter of Cas	K or Condensate   Y	AS Address (Give address to which approved North Freeman Avenue, Address (Give address to which approved)	Artesia, New Mexico
Phillips Petroleum Cor If well produces oil or liquids,	poration Unit Sec. Twp. Rge.	Phillips Building, Ode Is gas actually connected?	ssa, Texàs
give location of tanks.	J 5 17 29	Yes	N/A
If this production is commingled with the completion of the comple	Ofl Well Gos Well .		Plug Back   Same Res'v. Diff. Res'v.
Designate Type of Completic Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
			Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Depth Casing Shoe
Perforations		· · ·	
HOLE SIZE	TUBING, CASING, AI CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
7. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be able for this	depth or be for full 24 hours)	l and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ift, etc.)
Length of Test	Tubing Fressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bhis.	Water - Bbls.	Gas • MCF
GAS WELL Actual Prod. Test-MCF/D	Longth of Test	Bbls, Condensate/AM/OF	Gravity of Condensate
		Casing Pressure	Choke Size
Testing Mothod (pitot, back pr.)	Tubing Pressure		
I. CERTIFICATE OF COMPLIANT I hereby certify that the rules and a Commission have been complied w above is true and complete to the	regulations of the Oil Conservation with and that the information given	APPROVED JU	ATION COMMISSION N. 1. 3. 1969, 19 Lame E
Administrative Section United (Title) June 3, 1969 (Date) MHCCC(5) File		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or dedpened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordence with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of own re- well name or number, or transporter, or other such change of conditi- Separate Forms C-104 must be filed for each pool in multiply completed wells.	