NO. OF COPIES REC	18		
DISTRIBUTION			
SANTA FE		/	
FILE		1/-	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	7	
	GAS	/	-
OPERATOR		4	
PRORATION OFFICE		V^{-1}	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

	U.S.G.S.	ALITHOPIZATION TO TR	AND ANSPORT OIL AND NATURAL (246	
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPURT OIL AND NATURAL (ECEIVED	
	TRANSPORTER OIL / GAS /		TUANCE :		
	OPERATOR 4		CIMINUL	MAR 8 1966	
I.	PRORATION OFFICE		6.65	Mikit o 1200	
	Operator Hugh L. Johnst	on Sr. OK.		n, c. c.	
	Address			ARTESIA, OFFICE	
	Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well	Change in Transporter of:		eansperter from-	
	Recompletion	OII X Dry Go		ation to Continental	
	Change in Ownership	Casinghead Gas Conder	nsate Oil Company		
	If change of ownership give name and address of previous owner		14		
11.	DESCRIPTION OF WELL AND	LEASE			
	Lease Name	Well No. Pool Na	me, Including Formation	Kind of Lease	
	Continental Stat	e 4 Art	esia Premier	State, Federal or Fee State	
	Unit Letter F ; 23	10 Feet From The North Lin	ne and 1911 Feet From	The West	
	3.0	wnship 17 S Range	29 E , NMPM, Eddy	New Mexico County	
	Line of Section 30 , 10	wilsinp 17 3 Adrige	2) II , NIMPIN, Liddy	New Mexico County	
III.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	AS Address (Give address to which approx	wed conv of this form is to be sent)	
	Continental Oil C		Artesia. New Mexic	:0	
	Name of Authorized Transporter of Car		Address (Give address to which appro-	ved copy of this form is to be sent)	
	Pan American Petro If well produces oil or liquids,	Unit Sec. Twp. Rge.	P. O. Box-591 Tul	sa, Oklahoma	
	give location of tanks,	76 30 17s 29 E	Yes	June 21, 1965	
IV	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	bate spaced	Date compilitional to trod	rotal Beptil	1.5.1.5,	
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT	
		484			
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)				
	OIL WELL Date First New Oil Run To Tanks Date of Test Date of Test Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			,		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
	GAS WELL	Transit of Mark	Dil. 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
***	OFFICE AND OFFICE AND	an an	011 0011550144	TION CONTINUES	
VI. CERTIFICATE OF COMPLIANCE		UE		TION 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 or my knowledge and belief.		APPROVED MAR	966 , 19	
			TITLE This form is to be filed in compliance with RULE 1104.		
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	Collectia Eight	mulon	If this is a request for allow	able for a newly drilled or deepened	
	Executrix and Sec. (Title) Mar. 7, 1966		well, this form must be accompanied by a tabulation of the deviation 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 Sections I, II, III, and VI only for changes of owner,		
		1066			

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