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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**RECEIVED**

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

SEP - 8 1976

I. Operator: CONTINENTAL OIL COMPANY, O.C.C.  
Address: Box 460, Hobbs, New Mexico 88240  
Reasons for filing (Check proper box):  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☒  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐ Other (Please explain): TRANSPORTER'S NAME CHANGE  
If change of ownership give name and address of previous owner: \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE  
Lease Name: LEWIS FARM Well No.: 1 Pool Name, including Formation: CAT CLAW DRAW MORAINE Kind of Lease: FEDERAL Lease No.: NM0454228(2)  
Location: Unit Letter: R Feet From The SOUTH Line and 1650 Feet From The EAST Line of Section 2 Township 21-S Range 25-E, NMPM, EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒: THE FREEMAN CORPORATION Address: Box 4157 Midland Texas  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒: GAS COMPANY OF NEW MEXICO Address: FIRST INTERNATIONAL BLDG. 1201 ELM ST. DALLAS TEXAS 75270  
If well produces oil or liquids, give location of tanks: Unit E Sec. 2 Twp. 21-S Rge. 25-E Is gas actually connected? YES When 6-1-76

IV. COMPLETION DATA  
Designate Type of Completion - (X) 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. \_\_\_\_\_  
Elevations (DE, 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	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 \_\_\_\_\_ 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  
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 \_\_\_\_\_

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.  
[Signature]  
[Signature]  
September 7, 1976  
NM045-ARTESE (5), Woodruff Petro,

OIL CONSERVATION COMMISSION  
APPROVED SEP 10 1976  
BY [Signature]  
TITLE SUPERVISOR, DISTRICT II  
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.  
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.  
FILE