	NO. OF COPIES RECEIVED										
	DISTRIBUTION	NEW MEXICO OIL C	CONCERVATION COMME	CION							
	SANTA FE	-	FOR ALLOWABLE	101111 0 104	)ld C-104 and C-11						
	FILE	HORRS OF	CAB.C.C.	275 (FFICE C. Supersedes O Effective 1-1							
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NA	ATURAL GAS							
	LAND OFFICE	Har II	34 PM '60								
	TRANSPORTER OIL	Thun 1 1									
	OPERATOR GAS	MAR 21 M 05									
	PRORATION OFFICE	-									
1.	Operator										
	Continental Oil Company										
	Address										
	Box 460, Hobbs, Ne	w Mexico									
	Reason(s) for filing (Check proper box		Other (Please e	xplain)							
	New Well Change in Transporter of:										
	Recompletion Dry Gas To show transporter of gas										
	Change in Ownership	Casinghead Gas Conder	nsate								
	If change of ownership give name										
	and address of previous owner										
II.	DESCRIPTION OF WELL AND	LEASE									
	Lease Name	Well No. Pool Name, Including F	ormation K	(ind of Lease	Lease No.						
	State II-23	6 Mescalero	San Andres   S	tate, Federal or Fee State							
	Location										
	Unit Letter F; 198	O Feet From The North Lin	e and <u>1980</u>	Feet From The West							
		_									
	Line of Section 23 To	wnship 10 Range	32 , NMPM,	Lea	County						
ш	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	ıs.								
••••	Name of Authorized Transporter of Oil			which approved copy of this form is	to be sent)						
	Shell Pipe Lime Con	npany	Box 1910, Mi	dland, Texas							
	Name of Authorized Transporter of Ca	singhead Gas 📉 or Dry Gas 🦳	Address (Give address to	which approved copy of this form is	to be sent)						
	Warren Petroleum C	Corp.	Monument Ne	Mexico							
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected	? When							
	give location of tanks.	D 23 10 32	Yes	3-10-66							
	If this production is commingled wi	th that from any other lease or pool,	give commingling order n	umber:							
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Back Same Re	es'v. Diff. Res'v.						
	Designate Type of Completic	on – (X)	!	1	1						
	Date Spudded	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	Tubing Depth						
			<u> </u>								
	Perforations			Deptn Casing Shoe							
	HOLE SIZE	TUBING, CASING, AND HOLE SIZE CASING & TUBING SIZE		SACKS CE	MENT						
	HOLE SIZE	CASING & TOBING SIZE	DEPTH SET	37000	1112111						
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a		of load oil and must be equal to or	exceed top allow-						
	OIL WELL		pth or be for full 24 hours)	nump and life at a )							
	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							
	Londin of Losi										
	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 Condensat	Gravity of Condensate						
	The state of the s	Entre Bereins (Short 12)	Casing Pressure (Shut-i	n) Choke Size							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure ( Sinc-1	Choke Size							
	CERTIFICATE OF COMPLIANCE		011 00	NISED A TION COMMISSIO							
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION								
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19								
	Commission have been complied with and that the information given										
	above is true and complete to the best of my knowledge and belief.		BY								
			TITLE								
	$\mathcal{A}_{\mathcal{A}}$		This form is to be filed in compliance with RULE 1104.								
	1/10		If this is a request for allowable for a newly drilled or deepened								
	J'illians Sign	ature	well, this form must b	be accompanied by a tabulation	of the deviation						
	Acting Staff Super	visor	tests taken on the well in accordance with RULE 111.								
	(Ti	tle)	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.								
	3-11-66										
	,	ate)		or transporter, or other such char C=104 must be filed for each :							
	NMOCC (\$) SLO	FILE	Separate Forms completed wells.	C-104 must be iffed for each	, in martipit						

	NO. OF COPIES RECEIVED				$\widehat{}$							
	DISTRIBUTION .	, VEV	EW MEXICO OIL CONSERVATION COMMISS. Form C-104									
	FILE.	-	REQUEST	FOR ALLOY	WABLE $HOB$	BS OFFICE Effect	rsedes Old C-16 ctive 1-1-65	04 and C-11				
	U.SIG.S. AUTHORIZATION TO TRANSPORT OIL AND NATHRAL GAS											
	TRANSPORTER OIL GAS	•				- EG AIT	66					
I.	OPERATOR PROPATION OFFICE											
	Continental Oil Company											
	Box 460, Hobbs, New Mexico											
	Reason(s), for filing (Check proper box)  Other (Please explain)											
	New Well   Change in Transporter of:											
	Change in Ownership Casinghead Gas Condensate											
	If change of ownership give name and address of previous owner											
II.	DESCRIPTION OF WELL AND	<u> Libasib</u>	Well No.   Pool Na	me. Including 6	orguttion	(Kind of Leas						
	State I <sup>-</sup> -23		ı		San Andres		or Fee Sta	ıte				
	Location  Unit Letter ; 1980 Feet From The North Line and 1980 Feet From The West											
	Line of Section 23 , To	wnship 1()	Range	32	, ИМРМ,	Le	ea	County				
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND	NATURAL GA	AS								
	Name of Authorized Transporter of OL Magnolia Pipeline	or Condens		Address (Give	e address to which a		; form is to be	sent)				
	Name of Authorized Transporter of Ca		: Dry Gas [	Address (Give	00 , Dallas e address to which a	p IEXAS oproved copy of this	s form is to be	sent)				
	Vented	Unit Sec.	Twp. Rge.	Is aas actua	ly connected?	When						
	If well produces oil or liquids, give location of tanks.		10 S 32 E	-	lo	! : 	<del></del>					
īV.	If this production is commingled with COMPLETION DATA	th that from any other	er lease or pool,		ling order number:			<del></del>				
	Designate Type of Completi	on $= (X)$ Oil Well	l Gas Well	New Well	Workover   Deepen	Plan Back	Same Res'v.	Diff. Restv.				
	Date Spudded	Date Compl. Ready t	to Prod.	Total Depth		P.3.T.D.						
	Pool	Name of Producing F	Pormation	Top Oil/Gas	Pay	Classing Depth	`					
	Perforations		· · · · · · · · · · · · · · · · · · ·	<u> </u>		Dejud <b>Casin</b> q	; Shoe					
	TUBING, CASING, AND CEMENTING RECORD											
	HOLESIZE	CASING & TO		T	EPTH SET	SAC	CKS CEMENT					
		+										
v.	TEST DATA AND REQUEST F	OR ALLOWABLE		ifter recovery of apth or be for fu	total volume of load	oil and must be eq	ual to or excee	d top allow=				
	OHL WELL Date First New Oil Run To Tanks	Date of Test	tore for this is		thed (Flow, pump, go	is lift, etc.)						
	Length of Test	Tubing Pressure		Casing Press	ure	Choke Size						
	Actual Prod. During Test	Oil-Bbls.		Water-Bbls.		Gas - MCF						
	GAS WELL											
	Actual Proc. Test-MCF/D	Length of Test		Bbis. Conden	sate/MMCF	Gravity of Co	ondensate					
	Testing Method (pitot, back pr.)	Tubing Pressure		Casing Press	ure	Choke Size						
VI.	CERTIFICATE OF COMPLIANCE			\	OIL CONSE	VATION COM	MISSION					
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVE		JAN 11 19	6 <b>6</b>						
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.											
•				TITLE Engineer District 1								
					This form is to be filed in compliance with RULE 1104.							
	Mall Stylens (Signature)			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								
1	Stall Dapervisor			tests taken on the well in accordance with RULE 111.								
Ţ	(Title) January 3, 1966 (Date)			able lew and recompleted wells.  Fig. on Sections I, II, III, and VI only for changes of owner.								
	a de la companya de l	ate) FILE		well name or number, or transporter, or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply								
: 1	N40GC 13) SLC	completed			•	•						