Continental Oil Company  does 460, 1803es, Now Roycles    State   Continental		DISTRIBUTION  ANTA FE TLE J.S.G.S.  AND OFFICE  TRANSPORTER  GAS  OPERATOR  PRORATION OFFICE	AUTHORIZATION TO TRA	FOR ALLOWABLE  HAND: STOR AND RAPURAL  ANSPORT OIL AND RAPURAL  JUN 11 2 17 PH '69	(1) Form C-104  Supposed of Old C-101 and C-11  Ether Old F-1-65  CASUN 17  27 PH 769		
BONDENATION OF THANNDOUTER OF OIL ANN NATURAL SERVICES OF THE SERVICE OF THE SERVICES OF THE S		Continental Oil Company					
Charge in Temporal of Services			Address				
The control of Constitution   Continued of the Continued of Continued		Reason(s) for filing (Check proper box		Other (Please explain)			
DESCRIPTION OF DELL AND LEAST  Lease No. Set 100 No. 1		Recompletion	OII S Dry Go	Formerly - Wm.	se designation . Mitchell B		
Level Stone   Level Stone   Level Stone   Section   Se		If change of ownership give name and address of previous owner					
Level Stone   Level Stone   Level Stone   Section   Se		ESCRIPTION OF WELL AND LEASE					
Lore of Section 17 Township 17 South Brace 32 East (NUPL). Lea County  Life of Section 17 Township 17 South Brace 32 East (NUPL). Lea County  I. DESIGNATION OF TRANSPORTER OF OH. AND NATURAL 9.39  Note of Authorized Transporter of OH. AND NATURAL 9.39  Note of OH. AND NATURAL 9.39		Lease Name	Lease No. Well No. Pool Na	•			
Library Community of the Community of th					S own, reason of the reaction		
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Never of Arbitrary Transporter of Oil X   or Condensate			Feet Floir TheEn	ne and 1980 Feet From	The <u>East</u>		
Review of Authorized Transported (OI)		Line of Section 17 To	wnship 17 South Range	32 East , NMPM, Lea	County		
Novajo Refining Company   Novajo Refining Company   Novajo Continental   Novajo Refining Company   Novajo Continental Oil Continent	I.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	IER OF OIL AND NATURAL GA	S Address (Give address to which appro	oved copy of this form is to be sent)		
Continental of Company  If well produce and a Reads,  It 17 17 32 Yes   Note according to the continent of t		Navajo Refining Company					
If well produces of a liquides, that Sec. Typ. 1996.  If the live interest of times.  If 17 17 30 Yes N/A  If this production is commingled with that from any other lease or pool, give commingling order number.  If COMPLETION DATA  Designate Type of Completion = (X)  Date Squitted  Date Completion = (X)  Date Squitted  Date Completion = (X)  Date Squitted  Date Completion = (X)  Date Completion = (X)  Date Squitted  Date Completion = (X)  Date Squitted  Date Completion = (X)  D							
If this production is commingled with that from any other lesse or pool, give commingling order number:  V. COMPLETION DATA  Destigated Type of Completion — (X)  Dute Squades  Dute Completion — (X)  Nume of Producting Fermitten  Total Depth — P.B.T.D.  Elevations (BF, RKB, RT, GR, etc.) Nume of Producting Fermitten  Tubing Fermitten  Tubing Casing, Allo Christyping RECORD  ACUSE SIZE  CASING & TUBING SIZE  DUTH SET  SACKS CEMENT  TUBING SIZE  CASING & TUBING SIZE  DUTH SET  SACKS CEMENT  Tubing Pressure  Sacks Gement — Sacks Cement — Sacks Gement — Sacks Geme				Is gas actually connected? Wh			
Designate Type of Completion — (X)  Dote Spudies  Dute Compl. Ready to Fred.  Elevations (DF, RRB, RT, GR, etc.)  Name of Producing Permitten  Top Oil/Cos Pey  Toking Depth  Perforations  TUBING, CASING, AID CEMENTING RECORD  HOLE SIZE  CASING & YUBING SIZE  DEPTH SET  SACKS CEMENT  V. THET DATA AND REQUEST FOR ALLOWABLE (Test must be effort recovery of total volume of local oil and must be equal to or exceed top ellowable for a total volume file.  Despite New Oil from to Tents  Dote of Test  Lessin of Test  Lessin of Test  Coulty Freedure  Actual Fred. Desting Test  OUL-Bale.  Grant Freedure  Country Freedure  Country Freedure  Country Freedure  Country Freedure  Country Freedure  Choke Size  OL-Bale.  Weier-Bale.  Grant Freedure  Country Freedure  Choke Size  OL-Bale.  Country Freedure  Choke Size  OL-Bale.  Grant Freedure  Country Freedure  Choke Size  OL-Bale.  Country Freedure  Choke Size  OL-CONSERVATION COMMISSION  APPRICATE OF COMPLIANCE  OL-CONSERVATION COMMISS	w	If this production is commingled wit		give commingling order number:			
Date Spudded  Date Compt. Ready to Pred.  Elevations (DF, REB, RT, GR, etc.)  None of Producing Formation  Top OH/Gas Pay  Tuking Depth  Depth Cesting Since  TUBING, CASHIG, AID CEMENTHM RECORD  HOLE SIZE  CASING 6 TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE. Their must be after recovery of treat values of lead sill and must be equal to at exceed top ellowable for the depth of Vect  Length of Vect  Length of Vect  Tubing Prosecto  Casting Fraction Matthed (Files, pump, gas lift, etc.)  Touing Noticel First, back pt.)  Touing Noticel First, back pt.  Touing No	• • •		on - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
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V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil But To Tenks  Date of Test  Length of Yest  Length of Test  Tubing Pressure  Casing Pressu		HOLE SIZE	1		SACKS CEMENT		
OIL WELL  Date First New Cil Bun To Tenks  Date of Test  Preducing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Fred, During Tent  Oil-Bbla.  Weter-Bbls.  Gen-MCF  Grevity of Condensate  Testing Method (pitet, back pr.)  Tubing Pressure  Coming Pressure  Coming Pressure  Chicke Size  OIL CONSERVATION COMMISSION  JUN 18 1969  APPROVID  JUN 18 1969  Titl  Supervisor District  This form into be filed in compliance with rule 1104.  If this form must be recomplied by a tribulation of the civitient testing testing of the civitient testing and recomplete to the design of conditient testing of the civitient testing of the form must be filled out completely for allowed the civitient testing testing of the civitient testing testing of the form must be filled out completely for allowed the conditient testing of the form must be formed with the filled out completely for allowed the conditient testing testing of the form must be formed and well.  Fill out only Sections 1, 11, 111, and VI for changes of conditient testing testing of the condition of the condition.  Fill out only Sections 1, 11, 111, and VI for changes of condition.							
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Date First New Oil Hun To Tonks Date of Test Producing Method (Flow, pump, gas lift, etc.)  Length of Test Tubing Pressure Casing Pressure Choke Size  Actual Fred, During Tent Oil-Bbls. Weter-Bbls. Gas-MOF  GAS WELL  Actual Fred, During Tent Oil-Bbls. Weter-Bbls. Gas-MOF  GAS WELL  Actual Fred, During Tent Oil-Bbls. Weter-Bbls. Gravity of Condensate  Testing Method (pites, back pr.) Tubing Pressure Cosing Pressure Choke Size  VI. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Commission have been complete with end that the information given above is true and complete to the best of my knowledge and belief.  Administrative Section Chief  (line)  This form is to be filed in compliance with rule 1104.  If this is a request for allowable for a reway dilled or despend well, this form must be recomplated by a tabulation of the deviction and the well in accordance with rule 1114.  Fill cut only Sections 1, 11, 11, and VI for changes of conservation of construction of the formation of the construction of the form must to filled out completely for ellowable on new and recompleted with such 115.  Fill cut only Sections 1, 11, 111, and VI for changes of conservation conservation construction of the formation of the chapter of condition.  Fill cut only Sections 1, 11, 111, and VI for changes of conservation conservation conservation conservation conservation conservation conservation.	v.	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil	and must be equal to or exceed too allow-		
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Actual Fred. During Test  GAS WELL  Actual Fred. Test-MOP/D  Longth of Test  Bibls. Condensate/MMOP  Gravity of Condensate  Consign Pressure  Chake Size  VI. CENTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Consideration have been compiled with and that the information (liven above is true and complete to the best of my knowledge and belief.  Administrative Section Chief  June 3, 1963  (Date)  Weter-Bels.  Gen-MOF  Gravity of Condensate  Condensate/MMOP  Gravity of Condensate  Gravity of Condensate  Gravity of Condensate  Condensate/MMOP  Gravity of Condensate  Gravity of Condensate  Condensate/MMOP  Gravity of Condensate  Condensate/MMOP  Gravity of Condensate  Chake Size  OIL CONSERVATION COMMISSION  APPROVED  JUN 7 8 1969  This form is to be filled in compliance with Rule 1104.  If this is a request for allowable for a newly dilled or despend well, this form must be accompanied by a tabulation of the Cavictica tests taken on the well in accordance with rule 111.  (Title)  Fill out only Sections 1, II, III, and VI for changes of condensate  well near or masket, or transporting or other such change of condition.		Length of Test	Tubing Pressure	Castra Pressure	Choka Siza		
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VI. 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.  Administrative Section Chief  Title  (Inte)  (Unic)  (Unic)  OIL CONSERVATION COMMISSION  APPROVED  JUN 7 8 1963  This form is to be filed in compliance with nulle 1104.  If this in a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviction tests taken on the well in escerdance with nulle 111.  All sections of this form must be filled out completely for allowable on new and recomplianted wells.  Fill out only Sections I, II, III, and VI for changes of exactives, well name or number, or transporter, or other such change of condition.		Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensato/MMOF	Gravity of Condensate		
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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.		(Signa		well, this form must be accompa	nied by a tabulation of the deviction.		
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ii nometatud matta		(Date) well		Fill out only Sections I, II well name or number, or transpert Separate Forms C-104 mus	Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transperter, or other such change of condition.		