CORRECTED REPORT

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUESTS	Egriallowable.	Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S.	AND AUTHORIZATION TOFTRANSPORT OIL AND TURAL GAS		
	LAND OFFICE	AOTHORIZATION TOTEB	L. ALSE, MARKET	
	TRANSPORTER GAS			
	OPERATOR		1 A	
I.	PRORATION OFFICE Operator			
	Continental Oil Company			
	Address O. Box 460, Hobbs, New Mexico			
	Reason(s) for filing (Check proper box))	Change emigin	Input to Producing
	New We!1 Recompletion	Change in Transporter of: Oil Dry Ga	Well on 12-2	7-66.
	Change in Ownership	Casinghead Gas Conden	= !	
	If change of ownership give name			
	and address of previous owner	, , , , , , , , , , , , , , , , , , , ,	-	
II.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name Including Formation Kind of Lease Lease No.			
	MCA Unit	47 Mal	State, Feder	ral or Fee
	Location E 19	80 North	660	ಹಿಂಬಕ
	Unit Letter;;	Feet From TheLin	e and Feet From	Lea
		vnship Range	, NMPM,	County
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
	NoTexas New New Texas of Papeline Company		Add Box Ging Toess Midlandved Touches form is to be sent)	
	Na Continental spoil to	Stockerd Gas or Dry Gas	AdaBox Gillodres Hobbs app	Red Cherris 6rm is to be sent)
		Unin Seo28 Twn 7 Rge32	Is A contact ally connected?	hen12-1-63
	If well produces oil or liquids, give location of tanks.	20 21 32	300	
TT.	If this production is commingled with that from any other lease or pool, give commingling order number:			
IV.		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Pes'v.
	Designate Type of Completio		Total Death	P.B.T.D.
	Data Spuddado	Date Compl. Ready 10 Prod.	Total 4096	
	Elevation (DF RKB, RT, GR, etc.)	Name of Producing Formation SA.	Top 4684 Pay	Tubing Dept4070
	Perforations Hole			Depth Casing Shoe
		TURING CASING AND	CEMENTING RECORD	
	7 7/8MOLE SIZE	CASING & TUBING SIZE	og Byls 9ET	SACKS CEMENT
	1 170	•		
	TOTAL AND REQUEST D	OR ALLOWARIE (Text must be a	for recovery of total volume of load at	I and must be equal to or exceed top allow-
٧.	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) Producting Method (Flow, pump, sas lift, etc.)			
	Day Fizo No Oil Run To Tanks	Date of Ten 1-21-67	Producing Mothed (Flow, pump, gas	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size Open
	Actual Prod. During Test	Oil-Bbls. 3	Water Bbls.	Gas-MCF 166
	3	<u> </u>		
	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
				ATION COMMISSION
VI.	I. 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 May	
			TITLE	
	Jac Lh Cartes		This form is to be filed in compliance with RULE 1104.	
	Staff Supervisore)		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	
			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,	
	February 1, 1967			
	NMOCC-5 MCA PART	MERS FILE-2	well name or number, or transpo	orter, or other such change of condition.
	MMAAAA LIVA TIMITI	, <u></u>	Separate Forms C-104 must be filed for each pool in multiply completed wells.	