1.	SANTATE FILE U.S.G.S. LARD OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE		CONSERVATION COMMISS FOR ALLOWABLE AND ANSPORT OIL AND NAT	Supersedes O Effective 1-1-	ld C-164 and C-11 65
	Cherotor CONTINUENTIAL OIL COMPANY Address Address Reason(s) for filing (theck proper box) New Well Hecompletion Change in Transporter of: Hecompletion Change in Ownership Change in Ownership Change and Gas Condensate Con				
	Change in Ownership	Casinghead Gas Condo	ensate [] [] 6 6 [1 N C C [C - f + f - C - 7	10 5 -1-70	
11.	Bind address of previous owner DESCRIPTION OF WELL AND Lease Name MCA UNIT DTK Location	Well No. Fool Nas.e, Including I		d of Lease e, Federal or Fee Federal	Lease No.
		60 Feet From The NORTH LI	ne and 1980 F	eet From The <u>EAST</u>	
	Line of Section	ownship 17 Range	, NMPM,	Lea	County
11.	Name of Authorized Transcorter of C MAJANO (112-1136) TCKINS (10) (2010) Name of Authorized Transporter of C	TER OF OIL AND NATURAL G. or Cendensate press from Con- asinghead Gas or Dry Gas Unit Sec. Twp. Fige. D 28 17 32	Address (Give address to wh AVENIN FILLINAN BOS 1510, 197 Address (Give address to wh	ich approved enpy of this form is 1 CIAN SOLATION AS ich approved copy of this form is SCIAN, TOXAS When When	
		ith that from any other lease or pool,	/		J
ν.	COMPLETION DATA Designate Type of Completi Date Spudded	Oil Well Gas Well Date Compl. Ready to Prod.	New Well Workover D	eepen Plug Back Same Re	s'v. Diff. Res'v.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	HOLESIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEI	MENT
,					
Y.	L TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	1. Ifter recovery of total volume of	load oil and must be equal to or	exceed top allow-
	IFEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
	GAS WELL				<i>و</i>
	Actual Prod. Test-MCF/D	Longth of Test	Bbls. Condensate/AMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
ן יז.	CERTIFICATE OF COMPLIAN	CE .	OIL CON	SERVATION COMMISSIO] N
	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.		APPROVED		
	Signalure)		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		
4	Adviningstantive Saction Chick (Tule) 5-12.70 (Onte)		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted walls. 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.		
()	moce (3) USGS (2) TON PARTNers	511 c	1	faitporter, or other buch change 104 must be filed for each p	

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MAY 1 2 1970

OIL CONSERVATION COMM. HOBES, IL M.