NO. OF COPIES RECEIVED		····.	
DISTRIBUTION		NSERVATION COMMISS	Form C-104 Supersedes Old C-104 and C-110
SANTA FE	REQUEST F	OR ALLOWABLE	Effective 1-1-65
FILE		AND	
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS	
LAND OF FICE			
TRANSPORTER OIL			
GAS			
OPERATOR			
PRORATION OFFICE			
Operator / /	All Company		
CONTINENTAL	VI LOMPBNY	······································	
Address	it bla it no	892.10	
Dox 460,	HO 005, N.M.	Other (Please explain)	
Reason(s) for filing (Check proper box)	4	Other (Please explain)	lesignation from 11 No.16 to MCA . 303
New Well CONVERT			11 11. 11 to MCA
Recompletion X +0	• Oil Dry Gas	Mitchell B Well	NO. 16 70 MCM
Change in Ownership JNICCTI	ON Casinghead Gas Condens	ate UN, 7 Well No	. 303
If the same of any archite give name			
If change of ownership give name and address of previous owner			
-			
DESCRIPTION OF WELL AND	LEASE	mation Kind of Lease	Lease No.
Lease Name	Well No. Pool Name, Including Fo	rmation Paper State, Federal of	
MICA UNIT	303 Maljaniar (	-SA Repressione, router of	
Location		103	Gard 1
Unit Letter <u>J</u> ; <u>198</u>	O Feet From The South Line	e and	<u>E037</u>
		_	102
Line of Section 20 Tow	waship 17.5 Range 3.	<u>2.е, ммрм,</u>	County County
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approved	convolthis form is to be sent
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved	copy of this form is to be sent?
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approved	l copy of this form is to be sent)
	Unit Sec. Twp. Rge.	Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.			
-	th that from any other lease or pool,	give commingling order number:	
	th that from any other lease of pool,	give comminging order nemeers	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completio	on = (X)		
Date Spudded	Date Compl. Ready to Prod	Total Depth	P.B.T.D.
2-12.56	7-7-59 - Not Produced	13.965	4400
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Tubing Depth
3988' GR.	Grayburg . S.A.	INI.	
Perforations	- Criggerg - m.		Depth Casing Shoe
2758' 51' 50' 1	16 J2 38 34 E 37.	30.	Pkr. @ \$400
3(30,34,34,4		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Shot 7" CS5. @ 459		mt Ret. @ 41/00 \$ 59	. 100 sts. cmt. below
	a point of the first	55. (a 4400' 4	
retainer P13D	15 IN 9-18-6	7	
		fter recovery of total volume of load oil ar	d must be equal to or exceed top allow
. TEST DATA AND REQUEST F	'UK ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil ar opth or be for full 24 hours)	
OIL WELL	Date of Test	Producing Method (Flow, pump, gas lift,	. etc.)
Date First New Oil Run To Tanks			
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure		
		Water-Bbis.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		
		<u> </u>	
<b>_</b>			
GAS WELL			Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Granith or condemante
			Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
		<u></u>	
I. CERTIFICATE OF COMPLIAN	NCE	11 -	TION COMMISSION
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 19	
		BY Orig. Signed by	
above is true and complete to th	he best of my knowledge and belief.	DT	John Runvan
~	$\mathbf{i}$	TITLE	Gentarist
1 A	)	This form is to be filed in c	ompliance with BIL F 1104.
4/5	1.	This form is to be filed in c	able for a newly drilled or deepene
Just out		I wat the form must be sccompar	Hed by a tabulation of the deviation
A 15.0	(nature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
Sr. HNalyst		All sections of this form must be filled out completely for allow	
1 1 1	Title)	able on new and recompleted we	118.
6-7-74 USGS-2		Fill out only Sections I, II.	. III, and VI for changes of owner en or other such change of condition
· · ····		well name or number, or transport	••••••••••••••••••••••••••••••••••••••
11000	Jate)		be filed for each pool in multipl