1.	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPERATOR  PRORATION OFFICE  Operator			, 0 ,	FOR ALL OF ANDE C ANSPORT 2 18 1	ATION COMMILOWABLE / D. C. C. OIL JUNIT P PM '69	issic  S GF S GE  NATURAL C  29 F	Form Super Effe SAS C.	o C-104 risedes OU C-104 au ctive 1-1-65	el C-11
	Continental Oil Compan	ny						·	· 	
	Box 460, Hobbs, New Mexico									
	Reason(s) for filing (Check proper box	)				Other (Please	explain)			
	New Well  Recompletion  Change in Ownership	Change in Tr Oil Casinghead (		f: Dry G Conde	7	Change Former	in leas ly - Wm.	e desig Mitche	nation 11 B	
	If change of ownership give name and address of previous owner									
II.	DESCRIPTION OF WELL AND	LEASE					,			
	Lease Name Mitchell B	Lease No.	į.	1		ng Formation	4 3	Kind of Leas		
	Location	<del> </del>	19	Light	amar G	rayourg S	an Andres	State, Feder	d of Fee Federa	a.L
	Line of Section 17 Tov	17 0-	_							
ĭI.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Navajo Refining Compan	(X) or Cond	KD NATU ensate [		Address (	Give address t	o which appro		s form is to be sent)	
ΊI.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Navajo Refining Compan Name of Authorized Transporter of Cas	FFR OF OIL A: X) or Cond y singhead Gas X	KD NATU ensate [	RAL GA	Address ( North Address (	Give address t Freeman Give address t	o which appro Avenue, I o which appro			 )
II.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Navajo Refining Compan	FFR OF OIL A: X) or Cond y singhead Gas X	or Dry Gar	RAL GA	Address ( North Address ( Maljar Is gas co	Give address t	o which appro  Avenue, for which appro- dexico	Artesia, included copy of this	s form is to be sent)	
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V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

Date First New Off Run To Tanks

Date of Test

Length of Test

Tubing Pressure

Casing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil-Bols.

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowed able for this depth or be for full 24 hours)

Producing Method (Flow, pump, gas lift, etc.)

Casing Pressure

Choke Size

Gas-MOF

GAS WELL

Actual Prod. Test-MOF/D

Length of Test

Bbls. Condensate/MMOF

Gravity of Condensate

Testing Method (pitot, back pr.)

Tubing Pressure

Casing Pressure

Choke Size

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 Chilf
(Title)

(Date)

June 3, 1969

NMOCC(5) File

OIL CONSERVATION COMMISSION

APPROVED , 19

BY TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despende well, this form rust be accompanied by a tabulation of the deviction tests taken on the well in accordance with NULE 111.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.