ĺ	NO. OF COPIES RECUIVED		<u> </u>		
	DISTRIBUTIO	l			
	SANTA FE	FE		1	
ŀ	FILE				
1	U.S.G.S.	İ			
1	LAND OFFICE	•			
	TRANSPORTER	OIL			
		GAS			
	OPERATOR				
1.	PRORATION OFFICE			<u> </u>	
	Operator				

	DISTRIBUTION SANTA FE FILE	REQUEST FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65				
1	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	LAND OFFICE OIL							
	GAS	·						
1.	PRORATION OFFICE							
	Continental Of	ll Company						
	Address							
		P. O. Box 460, Hobbs, New Mexico Other (Please explain)						
New Well Change in Transporter of: Hecompletion Oil Dry Gas								
	Change in Ownership Casinghead Gas Condensate							
	and address of previous owner							
11.	DESCRIPTION OF WELL AND L	EASE Well No. Poo	ol Name, Including Formation	Kind of Lease				
	Legse Name Baish "A"	Se Ivanic		State, Federal or Fee Federal				
	Location		. <u>-</u>	Woot				
	Unit Letter E; 1780	Feet From The North	_Line and 40U Feet Fro	om The West				
	Line of Section 22 , Town	ship 17S Range	32E , NMPM,	Lea County				
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL	L GAS					
	Name of Authorized Transporter of Oil	or Condensate	Box 410, Artesia,	New Mexico				
	Continental Pipeli	nghead Gas or Dry Gas		proved copy of this form is to be sent)				
	Continental Oil Con			460, Hobbs, New Mex.				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge	32 Yes	12-19-64				
	If this production is commingled with		_=	<i>**</i>				
IV.	COMPLETION DATA	Oil Well Gas W		Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completion	416	X Total Depth	P.B.T.D.				
	Date Spudded 10-25-64	Date Compl. Ready to Prod. 12–29–64	9958	-				
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Maljamar Perforations	Abo	8916	8916 Depth Casing Shoe				
	8918,8926,8937,894		951 W/1 JSPF , AND CEMENTING RECORD	9955				
	HOLE SIZE	CASING & TUBING SIZE		SACKS CEMENT				
	15"	11 3/4	821	585 circ.				
	11"	8 5/8	4600	1485				
	7 7/8"	5 1/2 2 1/16	9955 8916	040				
V.	. TEST DATA AND REQUEST FO	t be after recovery of total volume of load this depth or be for full 24 hours)	oil and must be equal to or exceed top allow-					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)				
	12-19-64	12-19-64	Flow Casing Pressure	Choke Size				
	Length of Test 24 hours	Tubing Pressure 475#	Pkr	32/64				
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF				
	330 bbls oil 330		9	652				
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate				
	Actual Prod. Test-MCF/D	Length of Test	Bois. Condensate/ MMCr	Clavity of contained				
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size				
VI	I. CERTIFICATE OF COMPLIANCE		OIL CONSER	OIL CONSERVATION COMMISSION APPROVED, 19				
	I hereby certify that the rules and r	egulations of the Oil Conserv	ation APPROVED	, 19				
	Commission have been complied wabove is true and complete to the	iith and that the information i	given h					
			TITLE					
			This form is to be filed	in compliance with RULE 1104.				
	SIGNED: ROBERT GAULT (the state of the second	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 tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out Sections I, II, III, and VI only 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.				
	Staff Supervisor	as ur C /	tests taken on the well in a					
	— (Ti	tle)	able on new and recomplete					
	1-15-65	nte)	well name or number, or trans					
	NMOCC-5, JM		Separate Forms C-104 completed wells.					