1.	O DISTIGNALCEIVED			
	Continental Oil Comp Address BOX 460, Hobbs, New Reason(s) for filing (Check proper box New We!1 Recompletion Change in Ownership	Mexico 88240 Change in Transporter of: Oil Dry G	as	
	f change of ownership give name nd address of previous owner			
П.	DESCRIPTION OF WELL AND LEASE Letse Name Mell No. Pool Name, Including Formation MCH Unit Bir 3 296 Malj G-SA Repuss Location Unit Letter K: 1400 Feet From The South Line and 2615 Feet From The West Line of Section 28 Township 175 Range 32E, NMPM, Lease County			
I II.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil Time - Think The	TER OF OIL AND NATURAL GA		
	Name of Authorized Transporter of Cas <u>(ininumital</u> M If well produces oil or liquids, give location of tanks.	$\begin{array}{c c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} $	Adaress (Give address to which approx BLX 1206 Ma Is gas actually connected? Whe	Gamar 71, Mer
v.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,		
	Designate Type of Completio	n - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod. 7 - 6 - 71	Total Depth	P.B.T.D. 41351
ſ	Elevations (DF, RKB, RT, GR, etc.) 39.50 GM	Name of Producing Formation Marybung - Son Andre	Top Oli/Gas Pay	Tubing Depth 3989
	Perforations $3834, 47, 52, 71, 73, 3875, 4073, 4076, 4007, 33, Depth Casing Shoe 40, 4048, 3912, 20, 75, 30, 3740, 374940, 4048, 3912, 20, 25, 30, 3740, 3749$			
-	HOLE SIZE	TUBING, CÁSING, AND CASING & TUBING SIZE	CEMENTING RECORD	
ľ	12-4	823"	S50	SACKS CEMENT 450 SKS -CINC
-	725	5'3"	4180'	3CC SKS
-		228"+bg	3989	
v . 7	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil a	ind must be equal to or exceed top allow-
	II. WFI.L able for this depth or be for full 24 hours) ate First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			eic.)
-	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Ĺ	24 hrs			
	Actual Prod. During Test	011-Bbls. 206	Water-Bbls. 273	Gas - MCF
-		<u>_</u>		L,,,
_	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
+	Testing Mothod (pitos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	CERTIFICATE OF COMPLIANC			
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 AUG 21971 OMMISSION BYSUDEBVISOB DISTRICT I	
-	Quyi mapa		TITLE DUF LITVICOLT DELE 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 tests taken on the well in accordance with RULE 111.	
NHOCC-5 MCA(3) USC7S(2)			All sections of this form must be filled out completely for allow- able 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.	

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