		• • • • • • • • • • • • • • • • • • •	<u> </u>						
	NO. OF COPIES RECEIVED	4		`					
	DISTRIBUTION	1	CO OIL CONSERVATION COMMISSION Form 2404						
	SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and G-1.							
	U.S.G.S.	AND							
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL O	SAS					
		-							
	TRANSPORTER GAS	1							
	OPERATOR		•						
I.	PRORATION OFFICE								
	Operator								
	Contenental	e ole com	pany						
	Rox 460 11	Address Rox 1/10 11 bbs managing							
	Reason(s) for filing (Check proper box) / Other (Please explain)								
	New Well								
	Recompletion	Oil Dry Gas							
	Change in Ownership Casinghead Gas Condensate								
	If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·					
П.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.								
	MAUnit- BEY 2 308 Mali G-SA Peners State, Federa) or Fee LCOGO 199								
	Location								
	Unit Letter G : 19	80 Feet From The North Lin	e and 1780 Feet From 7	he East					
	20	_							
	Line of Section 7 Tow	vnship // S Range	32E, NMPM, 4	la County					
-			•						
III.	DESIGNATION OF TRANSPORT	or Condensate	S Address (Give address to which approv	ed copy of this form is to be sent)					
	Ta-ra No. 17101	Pipoline Cor.	BOX1510 m	dland Texas					
	Name of Authorized Transporter of Cas	inghead Gas 📉 or Dry Gas 🗍	Address (Give address to which approv	ed copy of this form is to be sent)					
	Continental mali	amon Orsoline Plane H	60 BOX 2197	Houston Texas					
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n Alin					
	give location of tanks.	D 28 175 32E	yes !	<i>N</i> / <i>I</i> +					
		h that from any other lease or pool,	give commingling order number:						
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workove: Deepen	Plug Back Same Res'v. Diff. Res'v.					
	Designate Type of Completio		X						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	4-13-72	5-9-72	4100	4054					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	3950 ect on	Hryburg Son andres	3/34-	3137					
	Perforations 4044, 44, 38	40321, 3986, 78, 74, 68 0	-2 34642 W/ 2) 5P7- 3;68;64;54;49;44;3739	Depth Casing Shoe					
		THEING CASING AND	CEMENTING RECORD	////					
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	12-4-	8 -8	784	Circ - 400 socks					
	720"	5-2"	4100	300 socks					
		270" 27	3937	<u> </u>					
		<u> </u>	<u> </u>	<u> </u>					
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil t pth or be for full 24 hours)	ind must be equal to or exceed top allow-					
	Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)								
	5-9-72	5-11-72	Pump						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	14 hours		Weter Dhi-	Gas - MCF					
	Actual Prod. During Test	он-вы. 398	Water-Bbls. 44						
	l	-/0	1						
	GAS WELL								
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
	Teating Mathod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Prossure (Shut-in)	Choke Size					
	L	l							
VI.	CERTIFICATE OF COMPLIANC	DE							
			APPROVED 10:05 1316						
	I hereby certify that the rules and r Commission have been complied w	ith and that the information given	Orig. Signed by						
	above is true and complete to the	best of my knowledge and belief.	BYjohn Runyan						
			TITLE Geologist						
	1-1-			This form is to be filed in compliance with RULE 1104.					
	- all nyth		If this is a request for allowable for a newly drilled or deepened						
	(Signa	ature)	well this form must be accompanied by a tabulation of the deviation						
	administrat	The Supervisor	All acctions of this form must be filled out completely for ellow-						
	administrat		able on new and recompleted wells.						
	1101 16, 17	1+	Fill out only Sections I, II well name or number, or transport	. III, and VI for changes of owner, er, or other such change of condition.					
us	as-2 mencas "	<i>ic)</i>	well name or number, or transporter, or other such change of condition.						

New Mexico Oil Conservation Commission P. O. Box 1980 Hobbs, New Mexico 88240

Gentlemen:

In compliance with New Mexico Oil Conservation Immission Rule III, we are submitting below a list of deviation surveys taken on Continental Oil Company's <u>MCA Unit</u> <u>Batting</u> No. <u>308</u>, located in Unit <u>G</u> Section <u>29</u>, <u>Yeo</u> County, New Mexico.

DEPTH	DEGREE	DEPTH	DEGREE	DEPTH	DEGREE
250'	-40	2931'	140		
495	120	3236	10		
588	2	3564'	1-4	an stran from the state of the	<u></u>
784	34	3942'	140		
1005	340		anci ora Data alemani a subrata ando	an se distante ana alguna e sur de	A
1225	10		بور 3 مک نت میں می	المروب بياني النارج وب ين	
1444	14	and the state of the	and the second		
1666	14		gergetant Marrollowed 2000 Chamilton		
2/36	120	and the second data was			
2374	14	فسرة فالنافات بجزيني			
2859	120	an gan air			

Yours very truly, Jul Subscribe and sworn to before me, a Notary Public, in and for Lea County, New Mexico, this 22nd day of M24, 1972 2-120373 Weight State State States Weight State States Weight States Weig