	ŋ .		
DISTRIBUTION		NSERVATION COMMISSION	Form C-104
SANTA FE	RECHEST FOR ALLOWARLE Supersedes Old C-104 and C-110		
FILE			Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURA	AGAS PU PCE
LAND OFFICE	5-000		. · · · · · · · · · · · · · · · · · · ·
TRANSPORTER GAS	1-Midland		
OPERATOR	l-File		
PRORATION OFFICE			
Operator Mt downt on	Oil Company		
Address	OII COmpany		
-	iobbs, New Mexico		
Reason(s) for filing (Check proper box	)	Other (Please explain)	
New Well	Change in Transporter of: Oil Dry Gas	Formerly Cont	
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens		
If change of ownership give name and address of previous owner	Continental Oil Compa	ny, Box 460, Hobbs, N	ev mexico
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Nar	e, Including Formation	Kind of Lease
East Euron	t Unit 5 B	Lmont Queen	State, Federal or Fee <b>State</b>
Location	· · · · · · · · · · · · · · · · · · ·		
Unit Letter <b>J</b> ; <b>198</b>	O Feet From The South Line	and <b>1980</b> Peet Fro	om The Dest
22	wnship <b>188</b> Range 3	<b>7 E</b> , NMPM,	Lea County
Line of Section <b>33</b> , To	wnship <b>188</b> Range	, NMPM,	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	<u>S</u>	
Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)
Texas New Mexico I Name of Authorized Transporter of Co		Box 1510, Midle	proved copy of this form is to be sent)
Name of Authorized Fransporter of Ca		Monument, New M	
			When
If well produces oil or liquids, give location of tanks.	I 33 18 37	Yes	1957
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Weil Workover Deepen	Plug Back Same Resty. Diff. Resty.
Designate Type of Completi	on = (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		1	
		, 	
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a)	fter recovery of total volume of load	oil and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, go	
Data First New OII Run 10 Tunks			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL			
Actual Pred. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Auglas Deserver	Choke Size
'Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	CUOKE 2176
	NAE		RVATION COMMISSION
. CERTIFICATE OF COMPLIA	10E		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED	, 19
Commission have been complied	with and that the information given he best of my knowledge and belief.	BY	
Original Signed	Bv:		
Original Signed B. M. BREINI	NG	This form is to be filed	in compliance with RULE 1104. allowable for a newly drilled or deepened
	inature)	i walt this farm must be acco	mpanied by a tabulation of the deviation
Area Engineer	· · · · · ·	tests taken on the well in a	ccordance with RULE 111.
(Tule) July 22, 1965		All sections of this form must be filled out completely for allow- able 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.	
		completed wells.	