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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <i>Continental Oil Company</i>	
Address <i>Box 460, Hobbs, New Mexico 88240</i>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Other (Please explain) <i>Change in Operator Formerly Continental State No. 1 operated by Jaton Oil &amp; Gas, Inc. Part of East E. K. Unit effective 11-1-71</i>	
If change of ownership give name and address of previous owner <i>J. T. ...</i>	

Lease Name <i>East E. K. Unit</i>		Well No. <i>7</i>	Pool Name, including Formation <i>E-K Queen East</i>	Kind of Lease State, Federal or Fee <i>State</i>	Lease No. <i>05-1633</i>
Location					
Mile Letter <i>G</i> : <i>2310</i> Feet From The <i>NORTH</i> Line and <i>1980</i> Feet From The <i>EAST</i>					
Line of Section <i>22</i> Township <i>18</i> Range <i>34</i> , NMPM, <i>San</i> County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
<i>Jaton Oil &amp; Gas, Inc.</i>		<i>Box 1510 Midland, Texas 79701</i>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
<i>Continental Oil Co. Williams, Oklahoma</i>		<i>Box 2197 Houston, Texas</i>	
If well produces oil or liquids, give location of tanks.	Unit <i>J</i> Sec. <i>22</i> Twp. <i>18</i> Rge. <i>34</i>	Is gas actually connected? <i>yes</i>	When <i>N/A</i>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)		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			

Date First New Oil Run To Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.	
<i>M. E. Yeckley</i> (Signature) <i>Administrative Supervisor</i> (Title) <i>11-10-71</i> (Date)	

OIL CONSERVATION COMMISSION	
APPROVED <i>NOV 22 1971</i>	
BY <i>Joe D. Ramey</i> Dist. I, Supr.	
TITLE _____	
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.	
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.	

*Notice (5) file*

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OIL CONSERVATION COMM.  
HOEBS, R. M.