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

REQUEST FOR ALLOWABLE

Form C-104
Superseder Old C-104 and C-110

	FILE U.S.G.S.		AND	Effective 1-1-65		
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
	TRANSPORTER OIL GAS					
i.	OPERATOR PRORATION OFFICE Cregator					
	Continental du	1 Company				
	DIX Uho. 74	the med me	ca 88240			
	Reason(s) for filing (Check proper box)	Other (Please explain)	Lange in Operator			
	Recompletion	Change in Transporter of: Oil Dry Go	Johnesty Contine	ntil State Mr. a		
	Change in Cwnership	Casinghead Gas Conde	nsale part of East C. K.	Unit affective 11-1-71		
	If change of ownership give name and address of previous owner			<i></i>		
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F	ormation Kind of Leas			
	Last & K. Unit	8 E-K auces	State, Federa	Least No.		
	Location Unit Letter H : 19	XO Feet From The NotTH Lir	ne and	The EAST		
		nship / Range	34, NMPM,	Les County		
111.	DESIGNATION OF TRANSPORT	FR OF OU AND NATURAL CA		303.11.7		
••••	Clare of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)		
•	Mine at Authorized Transporter of Cas	Inghead Gas X or Dry Gas	Address Give address to which appro	ved copy of this form is to be sent)		
(Continuital billo. Mily	ing Davidon Stant	Box 2197 Thon	ilon , dem		
	the well produces oil or liquids, the location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	$\Lambda'A$		
IV.	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	give commingling order number:			
	Designate Type of Completion	n - (X)	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		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF		
	-					
	GAS WELL Actual Prod. Teet-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		
۴٠٠٩	CERTIFICATE OF COMPLIANCE	E		TION COMMISSION		
sereby certify that the rules and regulations of the Oil Conservation		APPROVED NOV 2	APPROVED NOV 2 2 1971 , 19			
	Limitsion have been complied with and that the information given and is true and complete to the best of my knowledge and belief.		Orig. Signed by Joe D. Ramey			
m.E. Varkley		TITLE Dist. I, Surv. 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.				
					(Signature)	
Maminetaline / 18 11 11 11 11 11 11 11 11 11 11 11 11					All sections of this form must be filled out completely for allowable on new and recompleted wells.	
11-10-71 (Jule)			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.			
N	more (5) file	-	Separate Forms C-104 must completed wells.	t be filed for each pool in multiply		
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Nmore (5) File

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