NO. OF COPIL				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				

	ID STRIBUTION						
A	SANTA FE		CONSERVATION COMMISSION Form C-104				
U	FILE	- REGUESI	FOR ALLOWABLE	Supersedes Old C-104 and C-1. Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TR	AND				
	LAND OFFICE	AOTHORIZATION TO TR	ANSPORT OLL AND NATURAL	GAS			
	TRANSPORTER OIL		. ~ .				
	GAS						
	OPERATOR						
I.	PRORATION OFFICE Operator		~				
	Continental Oil Comp	s nu					
	Address Continental Oil Comp	ally					
	Reason(s) for filing (Check proper bo	x)	Other (Please explain)				
	New Well	Change in Transporter of:	Omer (Trease explain)				
	Recompletion	Oil Dry G	as T				
	Change in Ownership	Casinghead Gas Conde	ensate				
	If change of our early size						
	If change of ownership give name and address of previous owner.			•			
11.	II. DESCRIPTION OF WELL AND LEASE    Lease Name   Well No.; Pool Name, Including Formation   Kind of Lease   O. C.						
Kind of Lease							
	Location 5	DAM DAM	deas: State, reder	9-2656			
Unit Letter 625 Feet From The was Line and 2/75 Feet From The Louth							
							Line of Section 33 To
				County			
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	1S				
	Name of Authorized Transporter of Oi		Address (Give address to which appro	oved copy of this form is to be sent)			
	Shall Pipe Tine	stinghead Gas [ or Dry Gas [	Address (Give address to which appro	m. m.c.			
	Name of Authorized Transporter of Ca	singhead Gas 🚰 or Dry Gas 🗔					
	Phillips Petroles	son Co.	4 4 2100 lington	Odessa, Tiras			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.					
		18 38	910-	9-2-69			
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: Lee Ottake						
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.			
	Designate Type of Completic						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	6-29-69 Elevations (DF, RKB; RT, GR, etc.)	9-2-69	70/8 Top Oil/Gas Pay				
			1	Tubing Depth			
	3649'DF Perforations 6692', 6644.	Drinkard	6692	6908			
				Depth Casing Shoe			
	6876, 6872, 6908	5, 6938, 4 6943 W	JULL 1 JSPF	7018			
	HOLE SIZE		CEMENTING RECORD				
	17/2"	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12/2	13 3/x " 9 5/8	432	375			
	8 34	728	3750	325			
		230	70/8	+ <u>535</u>			
v.	TEST DATA AND REQUEST F		(Test must be after recovery of total volume of load oil and must be equal to or exceed top allo				
	OIL WELL	. WELL able 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.)			
	9-2-69	9-4-69	Flowing				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	24 krs. Actual Prod. During Test	135 # to 175 =#	Water-Bbls.	Jy" Gas-MCF			
	Retail Flour Dailing 1481	46		1			
		76	51 Sord	161			
	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			
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVA	ATION COMMISSION			
			CED 10 1000				
	I hereby certify that the rules and r	egulations of the Oil Conservation with and that the information given	e information given bwiedge and belief.				
	above is true and complete to the	best of my knowledge and belief.					
		SUPERVISOR DISTRICE					
	/	n n	TITLE/				
	7115/1.1		This form is to be filed in	compliance with RULE 1104.			
-	- 11.6. Ilaicely		If this is a request for allow	vable for a newly drilled or deepened nied by a tabulation of the deviation			
(Signature)			Merr' time tottii uinar ce accomba	med by a resolution of the decision			

Ochmil Scaling Chief

1 9-11-69

NMOCC-5 (Date)

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