	40. OF COPIES ACC					
	SANTA FE		• • -	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		
	FILE		1	AND - AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	U.S.G.S.					
	LAND OFFICE					
1.	TRANSPORTER	OIL				
		GAS	1			
	OPERATOR PROPATION OFFICE					
	Adaress	Check p	x 46	Change in Transporter of: Cil Dry Gas Continental Oil Compa		
	If change of owners and address of prev DESCRIPTION 0 Lease Name Recd B	ious ow	ner			

20

or Condensate

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

Date Compi. Ready to Prod.

Name of Producing Formation

CASING & TUBING SIZE

20

Range

Gas veli

36

Is gas actually

2

New Well

Total Depth

TUBING, CASING, AND CEMENTING RECORD

Top Oil/Gas Pay

Casing Preseure

Water - Shis.

BUX 1910

, NMPM,

Midland, Texa

Workover

DEPTH SET

ersedes Old C-104 and C-110 ective 1-1-55 from effective Lease No. LC 030143 (b) ; 336 Feet From The N Line and 338 Feet From The County Address (Give address to which approved copy of this form is to be sent) midland, Texas
to which approved copy of this form is to be sent; Midland, Same Resty, Diff. Resty. P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT (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) Producing Method (Flow, pump, gas lift, etc.) Choke Size Gas - MCF Gravity of Concensate Choxe Size OIL CONSERVATION COMMISSION

Actual Proc	. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity
Testing Me	hod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choxe S
. CERTIFIC	ATE OF COMPLIA	OIL CONSERVATION C		
Commission	tify that the rules an have been complied and complete to	APPROVED BY Cray Title District Supervisor This form is to be filed in compliance		
	(Si Divisi	If this is a request for allowable for a well, this form must be accompanied by a tests taken on the well in accordance wit		
	6-/	All sections of this form must be fille able on new and recompleted wells.		
NMOCD (5		Fill out only Sections I, II, III, and well name or number, or transporter, or other		
•	USSS(2) N	Separate Forms C-104 must be filed completed wells.		

Date of Test

Oll-Bbls.

Tubing Pressure

23 Township

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

ell Proeline Corp.

o: Authorized Transporter of Casingnead Gas &

Petroleum

Designate Type of Completion - (X)

V. TEST DATA AND REQUEST FOR ALLOWABLE

Line of Section

If well produces oil or liquids, give location of tanks.

Elevations (DF, RKB, RT, GR, etc.)

HOLE SIZE

Date First New Oil Run To Tanks

IV. COMPLETION DATA

Date Spudded

Perforations

OIL WELL

Length of Test

Actual Prod. During Test

Name of Authorized Transporter of Oli

m is to be filed in compliance with RULE 1104.

s a request for allowable for a newly drilled or deepened rm must be accompanied by a tabulation of the deviation on the well in accordance with RULE 111.

tions of this form must be filled out completely for allowand recompleted wells.

only Sections I, II, III, and VI for changes of owner, number, or transporter, or other such change of condition.

Forms C-104 must be filed for each pool in multiply