NO. OF COPIES RECEIVED								
DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION Form C-104						
SANTA FE	- N				JN	Form C-104 Supersedes Olo	C-104 and C-	
FILE		REQUEST FOR ALLOWABLE Supersedes Old C-104 and C Effective 1-1-65						
U.S.G.S.	ALITHODI	ZATION TO TO		OIL AND NAT	TIDAL CAS			
LAND OFFICE	AUTHORI	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 5-000 JUL 29 50 PM 365						
OIL			-	occ Ju	_	כס מז ט		
TRANSPORTER GAS				Midland				
<u> </u>			1.	File				
OPERATOR								
PRORATION OFFICE Operator								
	n All Commons							
Address	r Oil Company							
Reason(s) for filing (Check proper b	Hobbs, New M	exico		Other (Please exp	lain)			
New Well	Change in Tr	ansporter of:				m 8		
Recompletion	Oil	()))		•	Continental's			
Change in Ownership	Casinghead (Casinghead Gas Condensate			State A-2 Well #1			
If change of ownership give name		ental Oil Co	mpany, F	lox 460, Hol	obs, New 1	Mexico		
and address of previous owner I. DESCRIPTION OF WELL AN								
Lease Name	o mange	Well No. Pool No	ame, Includin	g Formation		nd of Lease		
East Eur	ont Unit	122	Eumont	Queen	st	ate, Federal or Fee	State	
Location								
Unit Letter P : 66	60 Feet From T	the Scorth !i	ine and	660 =	eet From The	East		
Unit Letter;C	Feet From 1	11e			00111011110			
Line of Section 2	Township 20	Range	37 E	, NMPM,		Iea	County	
. DESIGNATION OF TRANSPO	RTER OF OIL A	ND NATURAL G	AS					
Name of Authorized Transporter of (Oil or Cond	ensate 🛣	Address (Give address to w	hich approved	copy of this form is t	o be sent)	
The Permisn Corpo	oration			Box 4157.	fidland.	Texas		
Name of Authorized Transporter of	Casinghead Gas	or Dry Gas	Address (Give address to w	hich approved	Texas copy of this form is t	o be sent)	
El Paso Natural (-	!	Box 1567, 1				
EL ISSO NECUEL	Unit Sec.	Twp. Rge.		nally connected?		TEVOR		
If well produces oil or liquids,	1.			Yes				
give location of tanks.	0 2	25 37		TEP	1			
If this production is commingled	with that from any o	other lease or pool	, give comm	ingling order nu	mber:			
						wa Back Same Bes	dy Diff Best	
. COMPLETION DATA	T Oil 1		, give comm			lug Back Same Res	v. Diff. Res	
Designate Type of Comple	tion - (X)	Well Gas Well	New Well	Workover I	Deepen P		v. Diff. Res	
. COMPLETION DATA	T Oil 1	Well Gas Well		Workover I	Deepen P	lug Back Same Res	'v. Diff. Res'	
Designate Type of Comple	tion - (X)	Well Gas Well	New Well	Workover I	Deepen P	B.T.D.	v. Diff. Res	
Designate Type of Comple	tion - (X)	Well Gas Well	New Well	Workover I	Deepen P		iv. Diff. Resi	
Designate Type of Comple	Date Compl. Rea	Well Gas Well	New Well Total Dep	Workover I	Deepen P	B.T.D.	v. Diff. Res	
Designate Type of Comple	Date Compl. Rea	Well Gas Well	New Well Total Dep	Workover I	Peepen P. T	B.T.D.	v. Diff. Res	
Designate Type of Comple Date Spudded Pool	Date Compl. Rea	Well Gas Well	New Well Total Dep	Workover I	Peepen P. T	B.T.D.	v. Diff. Res	
Designate Type of Comple Date Spudded Pool	Date Compl. Real	Well Gas Well dy to Prod. Ang Formation	Total Dep	Workover I	Peepen P. T	B.T.D.	v. Diff. Res	
Designate Type of Comple Date Spudded Pool Perforations	Date Compl. Real Name of Froducin	Well Gas Well dy to Prod. Ang Formation BING, CASING, AN	Total Dep	Workover I	Peepen P. T	B.T.D.		
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Designate Type of Comple Date Spudded Pool Perforations HOLE SIZE 7. TEST DATA AND REQUEST OH, WELL Date First New Oil Run To Tanks	Date Compl. Read Name of Productr CASING & FOR ALLOWABI	Well Gas Well dy to Prod. A Formation BING, CASING, AN TUBING SIZE	Total Dep Top Cil/C	th Gas Pay ING RECORD DEPTH SET y of total volume or full 24 hours) Method (Flow, page 14)	Deepen P. T	B.T.D. ubing Depth epth Casing Shoe SACKS CEN must be equal to or tc.)	AENT	
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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.

Origi	inal	Signed	Ву
R	M	BRETNIN	<u>a</u> -

(Signature) Area Engineer

(Date)

July 22, 1965

(Title)

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 Sections I, II, III, and VI only 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.