	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS	REQUEST	CONSERVATION COMMIS FOR ALLOWABLE AND ANSPORT OIL AND NATURAL JUN 29 2 31 PM '67	Form C-104 Supersedes Old C-104 and Effective 1-1-65 GAS	C-11
Я.	OPERATOR PRORATION OFFICE	_			
	Cperator Continental 011 (Company			·····
	Address P. O. Box 460, Ho		240 2	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well Change in Transporter of: To change well name - effective 6-1-67. Recompletion Oil Dry Gas Formerly State 25 No. 1 operated by Change in Ownership Casinghead Gas Condensate Continental Oil Company				
	If change of ownership give name		m ^{sate} [] Continental Oil	Company.	
TI	and address of previous owner		· · · · · · · · · · · · · · · · · · ·		
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F			10.
	Eumont Hardy Unit	3 Eumont	State, Feder	al or Fee State	<u></u>
	Unit Letter 0; 61	60 Feet From The South Lir	ne and Feet From	The East	
	Line of Section 25 To	wnship 20S Range	37Е , NMPM, L	ea Coun	ty
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS Address (Give address to which appro		
	Shell Pipeline Com	Dany	Box 1190, Midland, Tex	as	
	Name of Authorized Transporter of Ca Warren Petroleum Corpo		Address (Give address to which appro Box 68, Monument, New		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	Is gas actually connected? Wh	nen .	
	f this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Re	
	Designate Type of Completie	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			Top Oll/Gas Pay	Tubing Depth	
	Perforations Depth Casing Shoe			Depth Casing Shoe	
			D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
ν.	TEST DATA AND REQUEST F	able for this de	fter recovery of total volume of load oil epth or be for full 24 hours)		low-
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas li	ft, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF	
	l]			
(GAS WELL Actual Prod. Test-MCF/D	Length of Test	Phile Condensate Address		——
	and the second se	The second se	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubiny Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED, 19		
	above is true and complete to the best of my knowledge and belief.		· · · · · · · · · · · · · · · · · · ·		
	NMOCC-5 ATL-Ros-2 CALIF-Mid-2 Parl Am-Hobbs-2 FILE		TITLE		
	· grase il Start		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	U Supervising Engineer (Title)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.		
	<u>6-28-67</u>	:t =)	Fill out only Sections I. II	I, III, and VI for changes of own ten or other such change of condit.	
				t be filed for each pool in multi	