HEM MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE. Ellective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator CONTINENTAL OIL COMMANY Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Recompletion Dry Gas Change in Ownership Condensate If change of ownership give name and address of previous owner____ DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation SEMU WAKKEN MCKEL : 2086 Feet From The MORTH Line and 554 Township 20-5 Range County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) NESTEEN O'L TRANSPORTATION Name of Authorized Transporter of Casinghead Gas or Dry Gas Hobbs, N. M. 58240 Address (Give address to which approved copy of this form is to be sent) WALLES Peterlega MONUMENT, N. M. Unit P.ge. Twp. Sec. If well produces oil or liquids, 29 20 38 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well Workover Deepen Same Resty, Diff. Resty Plug Back Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oll/Gas Pay Tubing Depth Perforettons Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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). OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. Duting Test Oil-Bble. Water-Bble. Gas - MCF GAS WELL

Actual Pros. Tost-MCF/D Length of Test Bbls. Condensate/AMCF Gravity of Condensate Testing Methad (pitot, back pr.) Tubing Pressure (Shut-in) Cosing Pressure (Shut-in)

. CERTIFICATE OF COMPLIANCE

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.

BY_

OIL CONSERVATION COMMISSION 1977

APPROVED. Orlg. Signed by TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation toats 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 multiple completed wells.

Umoce (5) 4565(4) Juntu (4) file

B. Ollegic (Signature)

Se Stiff as t

CARTE ON THE O