NO. OF COPIES RECEIVED								
DISTRIBUTION		NEW MEXICO OIL	CONSERVATION CO	MMISSION	Form C-104			
SANTA FE			FOR ALLOWABLE		Supersedes Old C	C-104 and C		
FILE	REQUEST 1008			AND Effective 1-1-65				
U.S.G.S.	AUTHO	RIZATION TO TR	ANSPORT OIL AN	NATURAL (GAS			
LAND OFFICE		May		b //				
TRANSPORTER OIL								
GAS								
OPERATOR OFFICE								
PRORATION OFFICE Operator	Com-0					· · · · · · · · · · · · · · · · · · ·		
Continental Oil	. Company							
P. O. Box 460,	Mobbe New I	Mexico 882	<u> </u>					
P. U. BOX 400;	mono, was i	BYTOO OOF.	_	_				
Reason(s) for filing (Check prop	per box)		Other (Ple	ase explain)	show Pamaris	8 011		
New Well	Change in	Transporter of:	T TOTAL	ning co.	, Inc. as Tran	Sporte		
Recompletion	oletion Oil Dry Gas			of Royalty Condensate for U.S.G.: effective 5-1-67.				
Change in Ownership	Casinghea	i Gas Conde	ensate	COTAR Day	1-01.			
If change of ownership give n and address of previous owne II. DESCRIPTION OF WELL	rAND LEASE							
Warren Unit	Well No.	Pool Name, Including I	1bb	Kind of Leas	Hadama 1	Lease No.		
Location	1980	North	660		West			
Unit Letter;_	Feet From	TheLi	ne and	Feet From	The			
Line of Section	Township	78 Range	385	РМ,	Lea	County		
			· · · · · · · · · · · · · · · · · · ·					
II. <u>DESIGNATION OF TRANS</u>			AS					
Fameries Oil &	Refining Co		Box 980,	Hobbs K	ved the his form is to	be sent)		
Name of Authorized Transporter	of Casinghead Gas [] M Corporation		Address (Give addres	ss to which appro	wed copy of this form is to line New Mexico	be sent)		
								
If well produces oil or liquids, give location of tanks.	Unit E Seg	7 T20 P28	Is as actually conne	ected? wn	en XA			
Designate Type of Com	Date Compl. Re		Total Depth		P.B.T.D.	1		
Elevations (DF, RKB, RT, GR,	etc.) Name of Produc	ing Formation	Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
Periorations					Deptil dabling once			
	T	IBING CASING AN	ID CEMENTING REC	ORD	<u> </u>			
HOLE SIZE		& TUBING SIZE	DEPTH		SACKS CEME	NT		
								
					<u> </u>			
V. TEST DATA AND REQUE	ST FOR ALLOWAR	SLE (Test must be	after recovery of total v lepth or be for full 24 ho	olume of load oil	and must be equal to or exc	eed top allo		
OIL WELL Date First New Oil Run To Tan	ks Date of Test	dote joi this u	Producing Method (F		ift, etc.)	······································		
Date First New On Nam 10 1am	20 01 1001		, , , , , , , , , , , , , , , , , , , ,		• • •			
Length of Test	Tubing Pressu	:e	Casing Pressure		Choke Size			
Actual Prod. During Test	Oil-Bbls.		Water - Bbis.	- 12	Gas-MCF			
				_				
·								
GAS WELL		<u>-</u>		 				
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/M	MCF	Gravity of Condensate			
			6 1 2 1 2	- de la la	Chaha Sta			
Testing Method (pitot, back pr.	Tubing Pressur	o(Shut-in)	Casing Pressure (Sh	iut-in)	Choke Size			
			<u> </u>					
VI. CERTIFICATE OF COMP.	LIANCE		OIL	_ CONSERV	ATION COMMISSION			
			APPROVED					
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given about the complete the last of my knowledge and besief.			• 11					
			BY.					
CALIN-Mid-3 F	ILE .		TITLE	<u> </u>	•			
	77 // /		'''					

VI.

ab MICE LA	and count	PIN-MP	567 of Su.	y knowiede	Robbe
CALIF-	14-3	PILE	11		
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	Super	visin	"Engir	mer	
	 	Hit.	Kit		

(Date)

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 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 completed wells.

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