NO. OF COPIES REC	EIVEO			
DISTRIBUTIO	ON			
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
[RANSPORTER	OIL			
IHANSPORTER	GAS			
OPERATOR				
PROPATION OF	FICE			
Operator Cor	itene	Ĺ	i	
Address Sox 460				
Reason(s) for filing	(Check s	roper	bo	
nedson(s) for fining				
New Well				

	SANTA FE FILE		ONSERVATION COMMISSI FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				GAS		
	IRANSPORTER GAS OPERATOR					
1.	PRORATION OFFICE					
	Continuital Oil G					
Reason(s) for filing (Check proper box) New We!! Continuetal Oil G Other (Please explain) Change in Transporter of:						
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND LEASE. Lease Name					
Waxees Un: Blive beg Diegl 40 Blinebay Die 8645 State, Féderal Dr Fee LC-03/69						
Unit Letter 6 : 1980 Feet From The Nauth Line and 1980 Feet From The EMST						
	Line of Section 27 Tow	mship 205 Range	38E , NMPM,	Lea County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				roved copy of this form is to be sent)		
	Name of Authorized Transporter of Oil Shell Picher	or Condensate	Midland Texas			
	Name of Authorized Transporter of Cas	inghead Gas 📈 or Dry Gas 🦳	Address (Give address to which approved copy of this form is to be sent)			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	/hen		
	give location of tanks.	1 6 33 20 38	Ves	3-21.76		
	COMPLETION DATA	h that from any other lease or pool,	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic	on = (X)	l i			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations		<u> </u>	Depth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		•				
V.	V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oi. Run To Tanks Date of Test (Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
			1			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION		
	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.		APPROVED			
			BY	ANGS CALLED TO		
Soulisin (Signature) Stap and (Title)			TITLE TOLEY			
			This form is to be filed i	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 allow-		
			I wall able form must be accom-			
			All sections of this form			
			able on new and recompleted wells.			
n i	mocels, Us6sles emfu	(i.e.)	well name or number, or transp	orter, or other such change of condition. ust be filed for each pool in multiply		
IV.	moce 15/ Us6s by wonth	(4) 511 6	completed wells.			

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