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SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			
IRANSPORTER	OIL	<u> </u>	
I HANSFORTER	GAS	Γ	
OPERATOR			
PROBATION OF	PROBATION OFFICE		

'EW MEXICO OIL CONSERVATION COMMISSI

Form C-104		
Supersedes Old C	-104 and	C-110
Effective 1-1-65		

-	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
-	U.S.G.S.	AUTHORIZATION TO TRAN	-AND NSPORT OIL AND NATURAL G	AS		
	LAND OFFICE					
	TRANSPORTER GAS					
	OPERATOR					
1.	PRORATION OFFICE					
	CONTINENTAL DIE COMPANY					
	CONTINENTAL DIL COMPANY diress Box 460 Idobb NM 88240 eason(s) for filing (Check proper box) Other (Please explain)					
-	eason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:		ł		
	Recompletion	Oil Dry Gas		ASE Designation		
l	Change in Ownership	Casinghead Gas Condens	sale [Charge IN /e	ASE DESIGNATION		
	If change of ownership give name	•				
	and address of previous owner					
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.		
	WARREN WIT Tubb	41 WARREN TWO		Tar Fee (C_03/6 95(b)		
		•		1		
	Unit Letter / : 6	60 Feet From The South Line	e and 1980 Feet From	The WEST		
			38-E, NMPM,	County		
	Line of Section -1	whating				
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which appro	wed copy of this form is to be sent)		
	Name of Authorized Transporter of Oil	or Condensate	İ			
	Name of Authorized Transporter of Ca	singhead Gas 🔀 💮 or Dry Gas 🦳	Midland Texas Address (Give address to which appro	wed copy of this form is to be sent)		
	WARRES FERROLEUM	~1	MODUMENT NM			
	If well produces oil or liquids,	Unit Sec. Twp. Hge.	Is gas actually connected? Wh	3-24-76		
	give location of tanks.	1 6 33 20 38	425	2-29-76		
***	If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:			
17.	COMPLETION DATA	Oil Well Gas Well	New Weil Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Designate Type of Completi		Total Depth	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	lotal Bopti.			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
				Depth Casing Shoe		
	Perforations Depth Cdsing Since					
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load oi epth or be for full 24 hours)	l and must be equal to or exceed top allow-		
	OII, WELL Date First New Ct. Run To Tanks	Date of Test	Producing Method (Flow, pump, gas			
	Date First New Ott Nam 10 1 anno					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		Oil-Bbis.	Water - Bbls.	Gas-MCF		
	Actual Prod. During Test	OII-Bbis.				
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Buta: Constant des / mino.			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
۲.,	CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION		
		A taken of the Oil Conservation	10000150	19		
I hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given			2 5 7			
	BOulingin			To the state of th		
			11			
			This form is to be filed in	n 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			
	At At M and	fun ma)	All sections of this form must be filled out completely for allow the on new and recompleted wells.			
	Mr Mary	Title)				
	5-18.77		mus a selly Constant I	II. III, and VI for changes of owner orten or other such change of condition		
, Jate) _			Well name or number, or transp	orter of that for each pool in multipl		

Ninoce (5) Nm fuly File

Separate Forms C-104 must be filed for each pool in multiply completed wells.

REGENTED

MAY 11 1977

Cil Cons. Fedimini.