OF COPIES RECI	EIVED		
DISTRIBUTION	ON .		
NTA FE			
LE			
.s.g.s.			
AND OFFICE			
TRANSPORTER	OIL		
IRANSPURIER	GAS		
OPERATOR		1 1	

ATA FE		OR ALLOWABLE AND Form C-104 Supersedes Old C-104 and C Effective 1-1-65	
.s.g.s.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GAS	
-AND OFFICE			
TRANSPORTER OIL GAS		,	
OPERATOR			
PRORATION OFFICE			
Operator	0 0 0 0		
CONTINENTAL	OIL COMPANY		
Address	//	A Company	۵ 4 تد کی حم
V.O. Zox 76	0, 70355	10 = a 1/2 x 100	
Reason(s) for filing (Check proper box)	_	Other (Please explain)	
New We!l	Change in Transporter of:		
Recompletion	Oil Dry Go	─	
Change in Ownership	Casinghead Gas Conder	nsate	J
if change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		No.
Lease Name	Well No. Pool Name, Including F		
LANIAL NUNT	2 JALMAT YATES	7- KVRS, STELLARS, State, Federa	il di Pee / ZZ
Location	DA -	1981	-457
Unit Letter : 19	10 Feet From The 5047.7 Lir	ne and 1709 Feet From	The 2457
	washin 22 - 5 Range	36-2 , NMPM,	LEA County
Line of Section 20 Tov	vnship 22 - 3 Range	, NMPM,	County
	nnn on our ann naminat Ca	ne .	
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	wed copy of this form is to be sent)
Name of Authorized Transporter of Off			
Name of Authorized Fransporter of Cas	singhead Gas or Dry Gas 🔀	Address (Give address to which appro	eved copy of this form is to be sent)
<i></i>	-		
EL PASO NATURAL CA	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	ASC , TEXAS 79978
If well produces oil or liquids,	Omt Bec, 1.mps 1.tger	1/2	
give location of tanks.	<u>i</u>	770	
	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Weli	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completic	∞ (X)	×	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-29-77	Name of Froducing Formation	3465	3470
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
(78. 3532.5°	YATES 7 RURS.	32 86	3436
Perforations			Depth Casing Shoe
3296-3312	3422-3432 8	440-3442 - 13	3474'
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 44"	8 5/5 "	1350	7-2-4
772"	5 12 "	3474	208
	2500	7436	
		<u> </u>	<u>, </u>
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total volume of load oil	l and must be equal to or exceed top allow-
OIL WELL	able for this d	lepth or be for full 24 hours)	
Date First New Oi. Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
			Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Chore Size
-			G VGE
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas - MCF
·			
GAS WELL			Complete of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	24 1/2	4-1-1	Chaha Sina
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Choke Size	
IN THE THORES	-250	مع مرسي	DPEN
CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION
		SEP 2	प्राथक "
I hereby certify that the rules and	regulations of the Oil Conservation	AFFROVE	
the large base been complied	with and that the information given e best of my knowledge and belief.		Nungan
above is true and complete to th	o near or mi unouteago and potton	Coolo	cristi

V.

10. 16. 16. 16. (Signature) 0

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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.