NO OF COPIES REC	EIVED	1.	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OF			

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DISTRIBUTION	.EW MEXICO OIL C	ONSERVATION COMMISSI	Form C-104	
SANTA FE	REQUEST	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1		
FILE		AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS	
LAND OFFICE				
IRANSPORTER OIL				
GAS				
OPERATOR				
PRORATION OFFICE				
Operator				
CONTINENTA	L OIL COMPAN	(4		
Address				
Cax 460	HODBS. NEW N	1exico		
Reason(s) for filing (Check proper ba	HODBS, NEW N	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Go	rs 🗌		
Change in Ownership	Casinghead Gas	nsate		
	(Para			
If change of ownership give name				
and address of previous owner				
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	formation Kind of Lea	se Lease Mo.	
			ral or Fee FE-A	
MEYEC B-4	3 (20,010 70)	CAULACALT State, Feder		
Location	en a Centre de	a da	EAST	
Unit Letter ; 22	Peet From The FOUTH Lin	ne andFeet From	The Services	
		. .	1 C A	
Line of Section 🗳 T	ownship Range	36 , NMPM,	County	
II. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS		
Hame of Authorized Transporter of C		Address (Give address to which appr		
DITLANTIC PIP	asinghead Gas Cor Dry Gas	Address (Give address to which appr	<u> </u>	
Name of Authorized Transporter of C	asinghead Gas 🥳 or Dry Gas 🗂			
WADREN BETRO		TULSA, ON	AKENDA	
	Unit Sec. Twp. P.ge.	Is gas actually connected? W	hen	
If well produces oil or liquids, give location of tanks.	6 4 21 25	L VOS I	150000000000000000000000000000000000000	
<u> </u>	1 77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	vith that from any other lease or pool,	give commingling order number:		
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty,	
Designate Type of Complet				
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spudded	Date Compilitional to Figure			
	15-11-5	Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/Gas Pay	Tubing Beptii	
			Depth Casing Shoe	
Perforations			Depth Casing the	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
The state of the s	COD AT TOWART E TOWARD	-feet accounts of total values of load or	il and must be equal to or exceed top allow	
V. TEST DATA AND REQUEST	able for this d	lepth or be for full 24 hours)	the miles of equal to or expect top store	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
Data First New Oil Han to Talks	24.0 01 1020			
	Tubles December	Casing Pressure	Choke Size	
Length of Test	Tubing Pressure	Sassing , reasons		
			Cas-MCE	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
·				
GAS WELL				
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	
. Spring Marines (bareas ages but)				
		OH CONSERV	VATION COMMISSION	
TO CERTIFICATE OF COMPLIA	NCE	UIL CONSERV	ANTIOIA COMMISSION	
		ADDROVED	o 4 1075 19	
hereby certify that the rules an	d regulations of the Oil Conservation	AFFROVED	0 1 1075 , 19	
Demmission have been complete	i with and that the information given the best of my knowledge and belief.	BY	Orig Signed by	
silve is true and complete to			John Runyan	
		TITLE	Orig Signed by John Runyan Geologist	
	11		n compliance with RULE 1104.	
m. E. Me	a let est	for all	lamphia for a namin drilled or deepener	
111.0 411		I want this form must be accome	nanied by a tabulation of the deviation	
$\mathcal{O}^{(S)}$	ignature)	tests taken on the well in acc	cordance with RULE 111.	

ADMINISTRATIVE SUPERVISOR

JANUARY 11, 1972

NMOCC(5) NMFU(4) USGS(2) FILE

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. well name or number, or transporter, or other each pool in multiply
Separate Forms C-104 must be filed for each pool in multiply
completed wells.