NO. OF COPIES REC	EIVED	
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
BRODATION OF	IC E	

JEW MEXICO OIL CONSERVATION COMMISSI

Form C-104

	SANTA FE FILE	REQUEST	FOR ALLOWABLE AND	Supersedes Old C-104 and C-110 Elfective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL (GAS		
	TRANSPORTER GAS					
	OPERATOR					
i.	PRORATION OFFICE Operator					
	Address CONTINENTAL OIL COMPANY					
	BOX 160 HOBBS, NEW MEXICO BBZ:90 Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:	Office (1 sease explaint)			
	Recompletion Change in Ownership	Oil Dry Gas	=			
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE	,			
	Lease Name STATG D	Well No. Pool Name, Including Fo		Lease No.		
	Location	_				
	Unit Letter H; 199	Feet From The <u>AIORTH</u> Line	e and <u>660</u> Feet From	The <u>EAS7</u>		
	Line of Section 15 To	wriship Range	36 , nmpm,	LEA County		
ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro	ved copy of this form is to be sent)		
	Select Pince Link Name of Authorized Transporter of Car		Address (Give address to which appro	·		
		· · · · · · · · · · · · · · · · · · ·	1			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh			
	give location of tanks.	P 115 21 36		DECEMBER SI, 1971		
IV.	COMPLETION DATA	th that from any other lease or pool,	New Well Workover Deepen	Plug Back Same Resty, Diff, Resty,		
	Designate Type of Completion		1 1			
	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			Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	<u> </u>					
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
	DII. WELL able for this depth or be for full 24 hours) Date of Test New Oi. Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
			Garden Barrer	Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	Cilore Size		
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas - MCF		
	GAS WELL Actual Prod. Toot-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		
	i		•			
۲.,	CERTIFICATE OF COMPLIAN		1)	ATION COMMISSION Orig. Signed by		
	transacion have been complied t	regulations of the Oil Conservation with and that the information given	BY	John Runyan		
ansize is true and complete to the best of my knowledge and belief.		TITLE	Ocologist.			
		en	il	compliance with RULE 1104.		
ADMINISTIZATIVE SUPERVISOR Title) JANUARY 5, 1972 NMOCC (5) FILE			If this is a request for allo	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.		
			tests taken on the well in acco			
			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			
						Separate Forms C-104 must completed wells.