	NO. OF COPIES RECEIVED	1. <sup>1</sup> .			
	DISTRIBUTION SANTA FE FILE		ONSERVATION COMMISSIC FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS	
	COPERATOR				
I.					
	Address				
	CONTINENTAL OIL COMPANY         Address         POX 950 HOBBS, NEW MEXICO 88290         Reason(s) for filing (Check proper box)         New Well             Change in Transporter of:				
	New We!l Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga: Casinghead Gas 🔀 Conden			
	If change of ownership give name and address of previous owner				
И.	ESCRIPTION OF WELL AND LEASE ease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.				
	LOCKHMRT A-36	CKHART A-30 & GUMONIT VATOS-7 RUPS State, Federal or Fee FED			
	Unit Letter;6.5	Feet From The <u>NORTH</u> Lin			
			3 <u>6 , nmpm, L.G.A</u>	. County	
<b>III</b> .	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA           or Condensate	S Address (Give address to which approv	ed copy of this form is to be sent)	
	TEMPS - Alena M	Linghead Gas 🛐 or Dry Gas 🗌	AMANA AMA The	$\underline{A}$ $\underline{S}$ ed couv of this form is to be sent)	
	MICOCAL POTES		TWL SA, OALSH		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		n 100000031,1071	
IV.		th that from any other lease or pool,	give commingling order number:		
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	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				
	HOLESIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	·				
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil d	i	
	OIT WETT able for this dept		pth 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	
	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	
ز. ۲	CEBTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19		
	upmmission have been complied with and that the information given answe is true and complete to the best of my knowledge and belief.		BY Orig. Signed by John Runyan		
			TITLE Geologist		
	ME Geneles		This form is to be filed in compliance with RULE 1104.		
	(Signature)		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.		
	ADMINISTRATING SUBERVISOR		All sections of this form mu able on new and recompleted we	All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
	JANUARY 11, 1972		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.		
	NMOCC (5), NMFL	(4), USGS(2), FICE	Separate Forma C-104 must completed wells.	t be filed for each pool in multiply	