DISTRIBUTION SANTA FE

NEW MEXICO OIL CONSERVATION COMMIS REQUEST FOR ALLOWABLE

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

	U.S.G.S.	AUTHORIZ	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS										
	I RANSPORTER OIL				Jun 29 2 35 PM '67								
	GAS												
ı.	PRORATION OFF	ICE											
٨.	Operator												
	Continental Oil Company												
				bbs, New M	Mexico	882	40						
	Reason(s) for filing (Check proper box) New Well Change in Transporter of:							Other (Please explain) To change well name - effective					
	Recompletion Oil Dry G						$_{as}$ \square 6-1-67. Formerly Hill 0 No. 3.						
	Change in Ownership	<u> </u>		Casinghead G	ias C	Conder	sate	Operate	ed by Pa	n Americ	an.		
	If change of ownersh and address of previ									•			
11.	Lease Name	ol Name, Includ	ling F	ormation		Kind of Leas	8		Lease No.				
	Eumont Hard	27 E	27 Eumont			State, Federa			or Fee Patented				
	Unit Letter D ; 660 Feet From The North Line and 440 Feet From The West												
	Unit Letter	i			ve TAOT, OTT	Lin		- 110 .	Feet From '		3 6	······································	
	Line of Section	5	Tow	nship 21	Range		_37	, NMPM,	·	Lea		County	
III.	DESIGNATION OF					L GA							
	Name of Authorized Transporter of Oil 🛣 or Condensate						Address (Give address to which approved copy of this form is to be sent)						
	Shell Pipeline Company Name of Authorized Transporter of Casinghead Gas K or Dry Gas						Box 1190, Midland, Texas Address (Give address to which approved copy of this form is to be sent)						
	Warren Petroleum Corporation						Box 68, Monument, New Mexico						
	If well produces oil or give location of tanks	I 36				Yes			NA				
	If this production is commingled with that from any other lease or pool, give commingling order number:												
IV.	. COMPLETION DATA Oil Well Gas Well New Well Workover Deeren Plug Back Same Resty. Diff. F										. Diff. Res'v.		
	Designate Type		•					1 1	! ! 			!	
	Date Spudded			Date Compl. Ready	y to Prod.		Total De	pth		P.B.T.D.			
	Elevations (DF, RKB,	Name of Producing	ame of Producing Formation		Top Oil/Gas Pay		Tubing Depth						
	Perforations		·		· · · · · · · · · · · · · · · · · · ·		<u> </u>			Depth Casing	Shoe		
	TUBING, CASING, AT HOLE SIZE CASING & TUBING SIZE						DEPTH SET SACKS CEMENT						
				CASING a	0.0000000000000000000000000000000000000			DEFIN SET			JACKS CEMENT		
				,									
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)												
	Date First New Oil Run To Tanks Date of Test							Method (Flow		(t, etc.)			
	Length of Test		Tubing Pressure	Publish Danausa			Casing Pressure			Choke Size			
	Cendru or 1est		I doing Fresewe				Cdaing Fleshaue						
	Actual Prod. During Test Oil			Oil-Bbls.	Dil-Bbls.			Water-Bbls.			Gas-MCF		
	GAS WELL							-d	·	T			
	Actual Prod. Test-MCF/D Ler			Length of Test	audu ot tast			Bbls. Condensate/MMCF			Gravity of Condensate		
	Testing Method (pitot	, back pr	•.)	Tubing Pressure (Shut-in)		Casing P	ressure (Shut-	-in)	Choke Size			
VI	CERTIFICATE OF	E COMI	DI IANC	·F				OU 6	~kie#M	TION COM	AICCION		
¥1.	CERTIFICATE OF COMPLIANCE						015/6	ONSELROP	TION COM	NIZION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given						APPROVED , 19						
	above is true and complete to the best of my knowledge and belief.							BY					
	NMOCC-5 ATL-Ros-2 CALIF-M1d-2 Pan Am-Hobbs-2 FILE (Signature)						TITLE						
							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						
	Supervising Engineer (Title)							tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-					
		ϵ	(Tul) -28-				able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,						
	(Date)							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.