	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS
1.	GAS OPERATOR PROBATION OFFICE			
	Continental Oil Company			
	Contract Oil Company       Address       Lix UL 11.10, M.M. 8+246       Reason(s) for filing (Check proper box)     Other (Please explain)			
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil 🕢 Dry Ga Casinghead Gas Conder		
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND LEASE         Lease Name         Lease Name         Mell No. Fool Name, including Formation         Kind of Lease         Lease Name         Analysis         Lease Name         Lease Name         Lease Name         Mell No. Fool Name, including Formation         Kind of Lease         Lease No.         Lease No.         Location			
	Unit Letter; ///	Feet From The Lin	e and <u>Pittor</u> Feet From	
	Line of Section 2. To	ownship 23-5 Range 3	6-E, NMPM,	Lea County
	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of OIL         Tex As       Address (Give address to which approved copy of this form is to be sent)         Tex As       Tex As         Name of Authorized Transporter of OIL       or Condensate         Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Cosinghead Gas         Name of Authorized Transporter of Cosinghead Gas         Or Dry Gas         Address (Give address to which approved copy of this form is to be sent)			
	Phillips PerRoleum		Adver Foras	
	if well produces oil or liquids, give location of tanks.	M 23 23 36		
	If this produce to be commingle inv <u>COMPLE</u> <u>ATE</u>	Ith that from any other lease or pool.		
	Designation Expended Completing	on - (X)		Plug Back (Sane Res'v. C.H. Prof.
	Date Spadiet	Date Compl. Ready to Frod.		P.B.T.D.
	Elevation (C. RT, GR, etc.)	Some of Producing Formation	: Tep CE/Gas Pay	Tubling Depth
	Perforation: Depth Casing Shoe			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
	<u>;</u>		: :	
			1	
•	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load all and must be equal to or exceed top allowed by allow			
	Date First New Cir Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas	lif:, etc.)
	(Length of Test)	Tuping Pressure	Casing Pressure	Choke Stze
	Actual Pres, During Test	Си-Выз.	Water - Bbis.	Gas-MCF
	GAS WELL Actual Proz. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate
	Testing Method (picot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shat-in)	Choke Size
].	CERTIFICATE OF COMPLIANCE		APPROVED	VATION COMMISSION
	Commission have been complied	regulations of the Oil Conservation with and that the information given the best of my knowledge and belief.	BY	
	above is true and complete to th	of inf knowledge and perion	TITLE	<u>Oria Siesad In</u> Jae D. The A Dist I. 1
	Administrative Supervisie (Signature) (Title) 3-1 ¥-7-5		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 allow- able 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.	
		(d:e)		orter, or other such change of condition ust be filed for each pool in multiply

Umile 151 Umf4 (41 file

i completed wells.