	DISTRIBUTION SANTA FE FILE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C+104 Supersedes Old C+104 and C+110 Effective 1+1+65			
I.	U.S.G.S. LAND OFFICE TRANSPORTER	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	GAS OPERATOR PRORATION OFFICE Operator						
	Address Bix 460, Hobbs, New Mexic: 88240 Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well Recompletion Change in Ownership If change of ownership give name	Change in Transporter of: Oil X Dry Ga Casinghead Gas Conder	Tempolaly Bill Completion of P Completion of P	TRANSPORTER PENding TERMANENT FACILIFIES. SE NAME. FORMERLY S QUEER UNIT BIRY 3			
11	and address of previous owner						
	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F Wit 7 LANGLic MATT		Leade not			
	Location	260 Feet From The South Lin					
		•	36 E , NMPM,				
				Lea County			
	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA Name of Authorized Transporter of Cit Name of Authorized Transporter of Casinghead Gas Colf CLATIC A		Address (Give address to which approved copy of this form is to be sent) BOX 3119, Midland, TCKAS 79701 Address (Give address to which approved copy of this form is to be sent)				
	If well produces oil or liquids,	Unit Sec. Twp. Age.	19 Floit, Mullips Bid	5. Odessa Tex45			
	give location of tanks.	M 23 23 36	405	NA			
	COMPLETION DATA	/ith that from any other lease or pool,	give commingling order number:	Plug Back Same Resty, D.ff. Resty,			
	Designate Type of Complet						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKE, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth			
	Perforations Depth Casing Shoe						
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS 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 allow. OIL WELL able for this depth or be for full 24 hours)						
	OIL WELL uble for this depin of be for fail 24 hours) Date First New Oi. Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbla,	Water-Bbis.	Gas • MCF			
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condersate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIA	NCE	OIL CONSERVATION COMMISSION				
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED	Orig. Signed by			
			TITLE Dist. I, Supv This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
Senior Mit Constant Ticle)			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All acctions of this form must be filled out completely for allow- able on new and recompleted wells.				
Å	Umaple) Estract	9-74 Jule) 1 F. 1.	Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or tru sporter, or other such change of condition. Separate Forma C-10' must be filed for each pool in multiply				

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SANTA FE		CONSERVATION COMMIL.	Form C+104 Supersedes Old C+104 and C+1			
		AND	Effective 1-1-65			
0.5.6	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL O	SAS			
LAND OFFICE						
GAS						
OBEBALOR						
PPOPATION OFFICE						
Continental oil	Co.					
P.D. Box 460 Hobba						
-: Reason () for filing (Check proper box) Change in Fransierter of:	Other (Please explain)				
	Cil Dry G	m well reder	ignation			
n hande in weer hap	Carlın meddi San 🔝 🛛 Conde	monto Jormenty Sinch	in A State 6			
If change of ownership give name and address of previous owner	all - M. Da					
and address of previous owner	albert Dachte		· · · · · · · · · · · · · · · · · · ·			
. DESCRIPTION OF WELL AND	LEASE					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ame, Including Formation	Kind of Lease			
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		Inc. and / 9.86 Feet From 5				
.	waartap 23-5 teenspe	36 . E , IMPM, Zea	iciuity.			
. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS				
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Tain new marine	er Pinning Co.	Rog! 1510 midless to which approx	Telse			
Caller Claminel						
The section of the se	Truft Corr. Twp. Rgo.	1503 Tourton	en			
and the state of the second	1 23 23 36	lica	7-25-61			
	th that from any other lease or pool,	, give commingling order number:				
	COMPLETION DATA					
Designate Type of Completi	on = (X)					
Provide a state a second se	Date Court. Beaty to Fred.	Total Depth	F.B.T.D.			
		Tap C H Chr. Day	· Tubing Let th			
			1 10111 9 1 1911			
in the second s	······································		Pepth Oraina Shoe			
	· · · · · · · · · · · · · · · · · · ·					
TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT						
TEST DATA AND REQUEST E		after recovery of total volume of load oil	and must be equal to or exceed top all			
OIL, WELL	able for this a	lepth or be for full 24 hours)				
There is the word iten To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ji, ctc.)			
Lonations Test	Tubing Pressure	Casing Pressure	Choke Size			
Astan f.r. I. During Test	OII-Bbls.	Water-Bbls.	Gas-MCF			
i						
GAS WELL						
Arthur Fire L. West-M. (F. D.	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate			
(a martenie) (pitot, back pr.)	Tubing Pressure	Casing Pressure	 Choke Size			
2 - 12 - 110 - 1 faira, mara faire	2 manual 1 transmit	spectrum (15.000005	Comme Contra			
L CERTIFICATE OF COMPLIAN	iCE					
e v have he hvavele ave v dane halander i s						
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			, 19			
	be best of my knowledge and belief.	BY				
		TITLE				
$\sum_{n \in \mathcal{N}} \mathcal{L}_{n}$			compliance with RULE 1104.			
1116/4	a hilly	If this is a request for allow	vable for a newly drilled or deepen			
(Sig	nuture)	tests taken on the well in accor				
lam super	ille)	All sections of this form mu	ist be filled out completely for allo ells.			
176 1810 Rolm. Aup. 4-24-7	(ille) 13	able on new and recompleted we	at be filled out completely for allo- ells. I. III, and VI for changes of owne- ter, or other such change of condition			

NMOCC 5, Partners 5, File

completed wells.

EISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR I. PROPATION OFFICE	EISTRIBUTION SANTA FE COLUCTOR ALLOWABLE CONSERVATION COMMISSIC. Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1. AND Lifective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPERATOR OPERATOR				
Reasons for filing (Check proper bo Dev Well Check proper bo Dev Dev Check proper bo Dev Dev Dev Dev Check proper bo Dev Dev Dev Dev Dev Dev Dev Dev Dev Dev	Chen. 10 m Ur may other of: 11 Dry 13 Petrum iheers dere (1) Ornete Olbert Dackle				
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HL DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G				
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Term new make	isit the ration of the first of the second s	Altrees (Give address to which approv	ed copy of this form is to be sent;		
all'and chronical	Lors Twy. Ego.	Boy-1503 Towaton Is gas actually connected? Whe	Terna		
and the second sec	1 23 23 36	lica	7-25-61		
If this preduction is commingled we IV. COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:			
Designate Type of Completi	(X) = (X)	New Well Workover Deepen	Flag Back Same Booly, 14ff, Bosty,		
The graded	Date Centri, heriy trifres.	Total Pei.tl.	F.H.T.D.		
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	1 -	Top fill/fike Pay I	Tubing Pepth		
u katurana ku			Cepth Dising Shoe		
	TUBING, CASING, ANI	CEMENTING RECORD			
HOLE SIZE	CASING & TUEING SIZE	DEPTH SET	SACKS CEMENT		
· · · · · · · · · · · · · · · · · · ·					
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V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for full 24 hours) OIL WFLL (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for full 24 hours) (Producing Method (Flow, pump, gas lift, etc.)					
Leration Dest	Tul ing Free cure	Casing Pressure	Choke Size		
Aldual Frid. Form alleat	(41+F0.10,	Water-Pols.	Gas-MCF		
GAS WELL					
A Hoof Fired, Teat-M (104)	Lemith (f Test	Bbls. Contensate/MMCF	Gravity of Condensate		
The transferthen (pitot, back pr.)	Tubing Pressure	Casing Fressure	Choke Size		
VL CERTIFICATE OF COMPLIAN					
The Contraction of Computerior		OIL CONSERMATION COMMISSION			
I hereby certify that the rules and i Commission have been complied v	vith and that the information given				
above is true and complete to the	e best of my knowledge and belief.	BY((v - 7)	² - 2 5		
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	nure)	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-			
3-1-73	3	able on new and recompleted well	s.		
(Da	ite)	Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.			

n. m. o. C. C. S. Ptra 5. Til

Fill out Sections I, II, III, and VI only 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 completed wells