

Name <u>Continental Oil Company</u>	
Address <u>Box 46, Tulsa, Okla 74240</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

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Lease Name	Well No.	Pool Name, including Formation	State	Federal or Fee	
LAUREL OIL COMPANY	6	LAUREL MATTIX	State	Federal or Fee	
Location					
Unit Letter		Feet From The	Line and	Feet From The	
0		100	Line and	1400	East
Line of Section	Township	Range	NMPM,		County
23	23-S	36-E	LEA		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent;)		
Texas No. <u>1000000000</u>		<u>Midland, Texas</u>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent;)		
<u>Phillips Petroleum</u>		<u>Odessa, Texas</u>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	<u>M</u>	<u>23</u>	<u>23</u>	<u>36</u>
Is gas actually connected?				When
<u>Yes</u>				<u>NA</u>

If this product is commingled with that from any other lease or pool, give commingling order number:

COMPLETION	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same as Oil	Other
Design: Type of Completion - (X)								
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Environment: <i>MB, RT, GR, etc.</i>	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
				Gas - MCF	

GAS WELL

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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.

Ralph Farnley
(Signature)

Administrative Supervisor
(Title)

3-1 Y-75

10. Energy

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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 tests taken on the well in accordance with RULE 111.

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 completed wells.