ſ	NO. OF COPIES RECEIVED			•
- 	DISTRIBUTION	EW MEXICO OIL C	CONSERVATION COMMISE	Form C-104
	SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65
	FILE		AND	Filective 1-1-05
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GAS	
-	LAND OFFICE	£ (4.1)	S. Walley	•
	TRANSPORTER GAS			
}	OPERATOR			
1.	PRORATION OFFICE			
•	Operator /			
	Continental Oll Company			
	Address Q / /// a	1/2/1/1/2/2	(Me. S - CF)	240
	Reason(s) for filling (Check proper box)	Hours, les	Other (Please explain)	= + WELL REDESTENATION
	New We!1	Change in Transporter of:	FORMERLY: BELL L	A COEKO KEVESTERITION
	Recompletion	Oil Dry G	ds L	
	Change in Ownership	Casinghead Gas Conde	ensate EFFECTIVE: 2-	1-69
	If the same of supporting the same			
	If change of ownership give name and address of previous owner			
		TO A CITE		
11.	DESCRIPTION OF WELL AND I	Lease No. Well No. Pool No.	attic, moraling i	ind of Lease
	BRADLEY A L	CO65194 BELL	LAKE DEVONIAN SI	ate, Federal of FACRAL
	Location			
	Unit Letter F ; 198	70 Feet From The NORTH LI	ine and Feet From The	WEST
	10	226	34F .NMPM. (EA	County
	Line of Section 19 Township 235 Range 34E , NMPM, LEA County			
***	DESIGNATION OF TRANSPORT	TER OF OU. AND NATURAL G	AS	
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved	copy of this form is to be sent)
	NONE			
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which approved	
	TRANSWESTERN	IPELINECO.		, NEW MEXICO
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	3-10-6
	give location of tanks.			7 7 65
	f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA			
14.		Oil Well Gas Well	New Well Workover Deepen F	Plug Back Same Res'v. Diff. Res'v
	Designate Type of Completic			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Flavories - (DE BVD BT CD	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name or Producing Formation	100 011/ 040 1 4/	•
	Perforations		1	Depth Casing Shoe
		TUBING, CASING, A	ND CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	MEGIT DAMA AND DECUTEOUS	OR ATTOWARTE (Tank must be	after recovery of total volume of load oil and	d must be equal to or exceed top allow
V.	ONT WEST 5 able 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.)
				Choke Size
	Length of Test	Tubing Pressure	Casing Pressure	Chore 5126
		Oil-Bbls.	Water-Bbls.	Gas - MCF
	Actual Prod. During Test	OII-BBIB.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		OIL CONSERVAT	TON COMMISSION
			APPROVED	, 19
			en l	mer
	above is true and complete to the	e best of my knowledge and belie	ef. BY	
			TYTE	/JU

M. E. Genefeley
(Separature)

ADMINISTRATIVE SECTION CHIEF
(Title)

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.

This form is to be filed in compliance with RULE 1104.