HO, OF COMIS AZCELAED		•	
		ONSERVATION COMMISSION	Form C-104
FILE	- REQUEST F	FOR ALLOWABLE	Superzedes Old C-104 and C-110 Ellective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAI	AND NSPORT OIL AND NATURAL	045
LAND OFFICE	_ AUTHORIZATION TO TRAF	ASPORT OIL AND NATURAL	GAS
TOIL	-		
TRANSPORTER GAS		•	
OPERATOR		•	
PRORATION OFFICE			·
Operator	1 0 1 0		
Continenta	10,1 Compan	Y	
Address O O O		\cdot	
TOBOX 74	20, 706BS, 100	Other (Please explain)	
Reason(s) for filing (Check proper b	Change in Transporter of:	Orner (Prease explains)	
Recompletion	Oil Dry Gas		
Change in Ownership	Casinghead Gas Condens	sate 🗍	•
I change of ownership give name and address of previous owner	<i>(</i>		
<u>-</u>	0 5117	•	
DESCRIPTION OF WELL AN	D LEASE K-54//	rmation Kind of Lea	se Lease No.
D // L // + /		toKa South State, Feder	ا ما استان است
BellLake Unit/	17/Dell Aunely	1014 304 1	3///2 = 30/01
Y 10	980 Feet From The South Line	and 1650 Feet From	The West
Unit Letterii	7 O O POOR PROMI THE STATE OF T	, dia	·
Line of Section 32	Township 235 Range 5	34£, NMPM, L	- e a County
	ORTER OF OIL AND NATURAL GAS	S Laddroon (Give addroon to which com-	oved copy of this form is to be sent)
Nome of Authorized Transporter of	1.	100 11 1	<u> </u>
Nome of Authorized Transporter of	Casinghand Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)
Transwester		Odessa, Tex	
If well produces oil or liquids,	Unit V Sec. Twp. Hge.	Is gas actually connected? W	hen
give location of tanks.	K 32 23 34	NO !	
If this production is commingled	with that from any other lease or pool,	give commingling order numbers	
COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.
Designate Type of Comple		New Well Workover Deepen	Plug Back Same Resiv. Diff. Resiv.
Date Soudded	Date Compl. Recdy to Prod.	Tatal Depth	P.B.T.D.
9-5-76	1-24-77	140241	13970
Elevations (DF, RKB, RT, CR, etc.	Name of Producing Formation	Top est/Gas Pay	Tubing Depth
3595 GR Perforations 12750	Atoka South	12748	12,223
Perforations 12750	7-805	(16(1616 611	Depth Casing Shoe
1 8 33-838, 137	22-134, 13443 -	736,13118-911	12,453
		CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	750
20	10 3/4 "	5-190'	2670
9 "	7 5/8''	12,453'	2050
6 2 11	5 %	14,024'	275
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a		il and must be equal to or exceed top allow
(JII. WELL		pth or be for full 24 hours)	
Date First New Oil Run To Tonks	Date of Test	Producing Method (Flow, pump, gas	tift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	Teamy Pressure		
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	20 BBL Casing Pressure (Shut-in)	Choxe Size
Orifice Meter		Cosing Pressure (Bhat-In)	46/64
	· · · · · · · · · · · · · · · · · · ·		
CERTIFICATE OF COMPLI	ANCE		VATION COMMISSION
, haraby certify that the roles of	and regulations of the Oil Conservation	APPROVED MAR 2	1 13 19
hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given		1 2 min Salte	
above is true and complete to	the best of my knowledge and belief.	BY CLUDTON	son busquiton i
		TITLE SUPERVIS	SOR DISTRICT 1
(1	This form is to be filed i	n compliance with RULE 1104.
15. l 176	~ / Sm/	If this is a request for all	lowable for a newly drilled or deepene
1	Sizisture)	well, this form must be accome tests taken on the well in accome	pilation of rue caviation of rue caviation
Administrati	He Jugervisor	All sections of this form	must be filled out completely for allow
	(Title)	able on new and recompleted	walis.
February	(3) / T / /	Fill out only Sections I, well name or number, or transc	. II, III, and VI for changes of owner porter, or other such change of condition
mocc (5), u	SGSQ), Pantners(S)	Separate Forms C-104 m	ust be filed for each pool in multipl
my occ all	Tille	is completed wells.	

RECEIVED

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