| | DISTRIBUTION SANTA FE | | ONSERVATION COMMISSION FOR ALLOWABL | Form C-104 Supersedes Old C-104 a.d C-11 Ellective 1-1-65 |
|-----|--|---|--|---|
| | U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR | AUTHORIZATION TO TRAI | NSPORT OIL AND NATURAL (| GAS |
| I. | Operator CONTINENTAL | 011 (0 | | اليو |
| | Address P. O. BOX 460 Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership | | | - |
| | If change of ownership give name and address of previous owner | | | |
| i. | DESCRIPTION OF WELL AND I Leuse Name NORTH ELMAR UNIT BT. Location Unit Letter B : 666 | Well No. Pool Name, Including Fo | LAWARE State, Feder | |
| | | inship 26-5 fiange | 32- E, NMEM, | LEA County |
| 11. | DESIGNATION OF TRANSPORT | X or Condensate | Address (Give address to which appro | , |
| | TEXAS NEW MEXICO PIPELINE Liame of Authorized Transporter of Casinghead Gas (More or Dry Gas) CONTINENTAL OIL CO (NGiGP) | | BOX 1510 MIDLAND TEXAS Address (Give address to which approved copy of this form is to be sent). BOX 2197 HOUSTERN, TEXAS | |
| | If well produces oil or liquids, give locution of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? , W | 8-22-60 |
| v. | If this production is commingled wit COMPLETION DATA | h that from any other lease or pool, | give commingling order number: | Plug Back Same Res'v. Diff. Res'v |
| | Designate Type of Completic Date Spudded | | Total Depth | P.B.T.D. |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| | Perforations | | J | Depth Casing Shoe |
| | HOLE SIZE | TUBING, CASING, AND CASING & TUBING SIZE | D CEMENTING RECORD | SACKS CEMENT |
| | | | : | |
| 7. | 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 allou able for this depth or be for full 24 hours) | | | |
| | Date First New Oli 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 | O11-Bb1s. | Water-Bbis. | Gas • MCF |
| | GAS WELL Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | Testing Mothed (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| 1 | . CERTIFICATE OF COMPLIANCE | | 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. | | | |
| | 5Kallar (Sign | ature) | This form is to be filed In | n compliance with RULE 1104. owable for a newly drilled or deepene panied by a tabulation of the deviatic |
| | ADMINISTRATIVE SUPERVISOR (Tule) 11-15-73 | | 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 owne | |
| | ι | 41e) | well name or number, or transpo | orter, or other such change of conditio |

Fill out only Sections I. II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditio Separate Forms C-104 must be filed for each pool in multip completed wells.

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