NO. OF COPIES REC	EIVED	
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u.s.g.s.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	FICE	
Operator  CONTINEA  Address  P. D. Box  Reason(s) for filing  New Well		
Recompletion Change in Ownership		

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Supersedes Old C-104 and C-110

Form C-104 Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 00 HO665 Other (Please explain) Dry Gas Casinghead Gas Condensate THIS WELL PALEBURY PLACED IN THE POOR DESTINATED HELDER IT YOU DO NOT CONCUR II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation R-4635 Kind of Lease Lease No. ATOKA PENN State, Federal or Fee E-5896-1 LAKE UNIT 1 ; 1980 Feet From The NORTH Line and 1980 Feet From The WEST Township 24-5 Range 34-E , NMPM, County All. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil PERMIAN

ame of Authorized Transporter of Casinghead Gas HOBBS
Address (Give address to which approved copy of this form is to be sent) or Dry Gas KERMIT, TEMAS PIPELINE Unit Sec. TRANS WESTERN If well produces oil or liquids, 24 34 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. Workover Designate Type of Completion - (X) New Well Date Spudded WOFK STEFZEd Date Compl. Ready to Prod. 5-22-73 Elevations (DF, RKB, RT, GR, etc.) 7-6-73
Name of Producing Formation 15,566 Tubing Depth Top Oil/Gas Pay 3615 DF ATOKA PENN Depth Casing Shoe 14561 12470; 12475 12486 12,450; 12460; TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET 13 3/8" 6085 4081 12,434 9 5/0 2220 14,561 500 12,100 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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Ci. Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Oil - Bbls. Water - Bbls. Actual Prod. During Test GAS WELL Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test-MCF/D 5.000 Testing Method (pitot, back pr.) 29 Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) PRODUCTION 6920 OIL CONSERVATION COMMISSION Y CERTIFICATE OF COMPLIANCE APPROVED. I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given shape is true and complete to the best of my knowledge and belief. 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. (Title)

18-73

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