	NO. CE COP ES RECEIVED	- -i		
	SANTA FE	EW MEXICO OIL CONSERVATION COMMISS		Form: C-104
	FILE	REQUEST	FOR ALLOWABLE	Supersedes (Ad C-104 and C-11) Effective 1-1-65
	U.S.G.S.	11711071717101170 77	AND	
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
	OIL			•
	TRANSPORTER GAS			
	OPERATOR			
1.	PRORATION OFFICE			
	Speralog			
	CONTINENTAL OIL COMPANY			
	Box 460 1 Labor Noul MENICO ERINO			
	Reason(s) for filing (Check proper box)  Other (Please explain)			
	Reason(s) for filing (Check proper box)  Change in Transporter of:  Reason (s) For Filing (Check proper box)  Change in Transporter of:  Reason (s) For Filing (Check proper box)  Change in Transporter of:  Reason (s) For Filing (Check proper box)  Change in Transporter of:  Reason (s) For Filing (Check proper box)  Change in Transporter of:  CENSE Y WELL REDESIGNATION			
	Dry Gas Fill Con			
	Change in Ownership	Casinghead Gas Conde	nsate [ ] PORMEPLY'S LYK	IN 15-28 NO. 5
	If change of ownership give name			EFFECTIVE 2-1-69
	and address of previous owner			7
11.	DESCRIPTION OF WELL AND	LEASE  Lease No.   Well No.   Packana	ma technologica committee DITEL	Kird of Lagge
	Legie Name  Legie No. Well No. Fact Name, Including Formation DIFEL Kind of Lease FEDERAL  LC 03013911 DALMAT-YATES-COVER CHOCK AND State, Federal of Fee			
	Lecution			
	Unit Letter A: 660 Feet From The WORTH Line and 660 Feet From The EAST			
	Line of Section 28 To	waship $23S$ Range	36E, NAMPHI, L	EA County
Y F	BESICS STILL OF THE STORY	TED OF OUR AND NATURAL CA	. c	
 [	Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)
1	NONE			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
	EL MASO NATURA		JAL NEWMEX	100
ļ	If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.	Is gas actually connected? Wh	AI/A
į.		th that from any other lease or pool,	give completing adds number	73/71
	COMPLETION DATA	th that from any other lease or pool,	give comminguing order number:	
	Designate Type of Completic	On - (X)	New Well Workover Deepen	Plug Back   Same Resty. Diff. Rosty.
-	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spaces	Date Compt. Reday to Prod.	lotal Depth	P.B D.
ŀ	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubir.g Depth
	Perforations			Depth Casing Shoe
+		TURING CASING AND	CEMENTING RECORD	
Ì	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
-		1		<del>-</del>
v l	TEST DATA AND REQUEST FO	OR ALLOWARIE (Tart must be a	fter recovery of total values of land oil	and much be equal to or exceed to allow
	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 able for this depth or be for full 24 hours)			
	te First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
-	Length of Test	Tubing Pressure	Casing Pressure	Choke Siza
ľ	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
Į				
	GAS WELL			
ſ	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
. ∟ /1. ⊦	CERTIFICATE OF COMPLIANO	CE	Oli CONSERVA	ATION COMMISSION
			Jim Contactive	· · · · · · · · · · · · · · · · · · ·
			II Ammoniums	

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.

BY\_\_\_

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.

Clear. Newl-2 FILE

NMOCC-5, Panam-Holls 2, alt-Ros-2