NO. OF CONTRO PECETVED	 1				
DISTRIBUTION	EW	MEXICO OIL	CONSERVATION COMMISS,		Form C+1.14
SANTA FE			FOR ALLOWABLE		Supersedes Old C-104 and C+11
U.S.G.S.		TION TO TE	AND HUYA		Difective 1-1-65
LAND OFFICE		TION TO TR	ANSPORT GIL AND NATURA	- 0/10	•
IRANSPORTER OIL			JEN []	8 24	1M '66
L GAS CPERATOR					•••
PRORATION OFFICE					
Agranter					
Continental 011 Cor	npany				
Box 460, Hobbs, Net Reason(s) for firing (Check proper bo	<u>W Mexico</u>				
Reason(s) for triing (Check proper bo	x) Change in Tranci		Other (Alease explain)	•	3
Remonstation	Oi!		Change in ¹⁰⁰ Designatio		and Well
Chimite in Connership	Casinghead Gas		Designatic	n	
If change of ownership give name					
and address of previous owner		•••• · •••••• ·			
II. DESCRIPTION OF WELL AND	LEASE				
Stevens B		-	ame, including Cormettion		ni Lease Federal or Fee Federal
Location					
Unit Letter;;	<u>1650</u> Feet From The_	<u>South</u>	me qui Feet Fr	om The	East
Line of Section 7	ownship 23S	Ringe	37E , IMPM,	Lea	1 Country
	700000		F second set		• County
II. DESIGNATION OF TRANSPOR	TER OF OIL AND M	<u>VATURAL G</u>	AS Alazeous (Give address to which ap	neound some	of this form in the barrows
			Rauman (Write adoress to which af	provea copy	oj this jorm is to be sent)
Name of Authorized Transporter of Co		Dry Gas <u>X</u>	Address (Give address to which ap	proved copy	of this form is to be sent)
El Paso Natural Ga		wr. Bue.	El_Paso, Texas	When A.	and the first
If well produces oil or liquids, give location of tanks.			-Yes	-11	-19-53//1/6,
If this production is commingled w	ith that from any other	lease or pool	, give commingling order number:		
V. COMPLETION DATA	Oil Well	1 Gras Well	- New Well Workover Deepen	Plug I	Back 'Same Resty, Diff. Resty.
Designate Type of Completing	ion $=$ (X)			I Kody I	
Date Spudded	Date Compl. Ready to	Frod.	Cotal Depth	P.5.T	.D. Me
Pcol	Name of Producing Fo	mainier.	Tor Cil Gas Pay	Tubin	g Depth
Perforations				Depth	Casing Shce
	TUBING	CASING AT	O CEMENTING RECORD		
HOLE SIZE	CASING & TUE		DEPTH SET		SACKS CEMENT
Engendur Starang	7 No. 2 mo.	1.0.1.0.0.0	· · · · · · · · · · · · · · · · · · ·		10//
Formerly Scevens 5	<u>-7 NO, 2, rec</u>	<u>105 - gna t</u>	ion effective Janua	iry I,	1900
					· · · · · · · · · · · · · · · · · · ·
V. TEST DATA AND REQUEST F OIL WELL	FOR ALLOWABLE	(Test must be able for this	after recovery of total volume of load lepth or be fer full 24 hoursy	oil and mus	t be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	<u> </u>	Frequeine Method (Flow, pump, ga	s lift, etc.)	·····
T such of Tout	Tubing Pressure				
Length of Test	, ubing Pressure		Anding Pressure	Choke	> 512e
Actual Prod. During Test	Oil-Bhis.		Winer-Hels.	Gas -	MCF
	l _ l				
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	<u> </u>	bbls. Cotsiensate/MMCF	Gravit	iy of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pressure	Choke	s Size
I	ŃCE	<u>. </u>			COMMISSION
I hereby certify that the rules and Commission have been complied					, 19
above is true and complete to th			ВҮ	<u> </u>	
			TITLE		
	- <i>p</i> 2		This form is to be filed		
The PSt	chins	<u> </u>	If this is a request for a	Howable fo	or a newly drilled or deepened
ریز Staff Supervisor	nature)		well, this form must be accor- tests taken on the well in a		a tabulation of the deviation with RULE 111.
	"itle)		All sections of this form able on new and recompleted		lied out completely for allow-
January 6, 1966			Fill out Sections I, II,	III, and V	I only for changes of owner,
NMOCC-5 PAN AM-3 (¹⁴ 供不上-ROS-2。(DALIF-MI	D-2 ^{vell} name or number, or trans Separate Forms C-104 n	porter, or of must be fil	ther such change of condition. led for each pool in multiply
	-	FILE-2	completed wells.		· · · · · · · · · · · · · · · · · · ·