1/EG	:	
N		Ī
OIL		
GAS		
ICE		
		OIL GAS

III.

IV.

DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER GAS	REQUEST	ONSERVATION COMMIS. FOR ALLOWABLE AND ANSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
OPERATOR PRORATION OFFICE Operator					
Continental O	il Company				
Box 460 74	son new / new	is 88240			
Reason(s) for filing (Check proper box,	) Change in Transporter of:	0.1 (01	name + well no.		
Recompletion	Oil Dry Ga	5 Johnely Fave	name + well no.		
Change in Ownership	Casinghead Gas Conden	sate effective 2-1-	1971		
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND		·			
Lease Name Laves B-1		- 1	Kind of Lease State, Federal or Fee		
Location	<b>~</b> .	, , ,	9. t.		
	D Feet From The North Line	<b>→</b> `	e <u>6 050</u>		
Line of Section /9, Tov	vnship 26 Range	37, NMPM, Fen	County		
DESIGNATION OF TRANSPORT	or Condensate	S Address (Give address to which approve	d cany of this form is to be sent!		
Shell Pinlens Co.	·	Box 1910, 11 Julant, Jeza Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Cas	,				
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When			
give location of tanks.	C 30 26 37	yea!	NA		
If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	CTB-199		
Designate Type of Completion	on - (X)   Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
			Depth Casina Shoe		
Perforations			Depth Cusing Shoe		
101 5 6175	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEFIN SET	SACKS CEIMENT		
TEST DATA AND REQUEST FOOLL WELL	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil an pth or be for full 24 hours)	d must be equal to or exceed top allow-		
Date First New Oil 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	Oil - Bbls.	Water-Bbls.	Gas - MCF		
Actual Float Dailing Test	OH-BMS.	Taxes Base			
GAS WELL					
Actual Prod. Test-MCP/D	Length of Test	Bbls. Condennate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVAT	COMMISSION		
I hereby certify that the rules and t		APPROVED WHI	, 19		
above is true and complete to the	best of my knowledge and belief.	BY P			
1-t-	)	TITLE NERVISOR DE	binica i		
Alugh drugtes		This form is to be filed in co			
(Signa	iture)	well, this is a request for allowal well, this form must be accompani tests taken on the well in accorda	ble for a newly drilled or deepened ed by a tabulation of the deviation ance with RULE 111.		

Administration Supervisor

3-1-71

(Date)

1. noce (5) USGS(2) 4.1154(4) 5.16

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.

RECEIVED

MAR 21971

OIL CONSERVATION COUNT.