NOLTH BLEFT

II.

v.

V.

THEW MEXICO OIL CONSERVATION COMMISSED

Form C-104

	FILE	REQUEST	FOR ALLOWABLE		Supersedes Old C-101 and C-1 Effective 1-1-65
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL WHIS NAFTURE 12.000.			
	TRANSPORTER OIL	-	APR 17	2 39 PM '69)
	OPERATOR GAS			•	
I.	PRORATION OFFICE Operator				
	Address Continental al Company				
	Box 460, Nables, new Melies				
	Recoson(s) for filing (Check proper box) New We!! Change in Transporter of: Other (Please explain) CHANGE IN BATTERY LOCATION				
	Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate				
	If change of ownership give name and address of previous owner		,		
H.	DESCRIPTION OF WELL AND	LEASE			
	Lease Name EAVES B-1	Well No. Pool Name, Including F	Formation 1 YNTES - TRIVERS	Kind of Lease State, Federal or	EDERAL ABOUS-1
	Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST				
	- 0-	•	37 , NMPM		
**				11 San Company	County
II.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be se				
	SHEAL SPEANE COMPANY Name of Authorized Transporter of Casinghead Gas (2) or Dry Gas		BOX 1910 MID! AND, TEXAS Address (Give address to which approved copy of this form is to be sent)		
		GAS COMPANY	JAL NEL	O MEXIC	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connect	ed? When	NA
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order	r number:	
	Designate Type of Completion	on - (X) Oil Well Gas Well	New Well Workover	Deepen Plu	g Back Same Res'v. Diff. Res'v
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.E	B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tub	oing Depth
	Perforations		De		oth Casing Shoe
		CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CEMENT
V.	TEST DATA AND REQUEST FOOL WELL	able for this de	epth or be for full 24 hours)	ust be equal to or exceed top allow
į	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	o, pump, gas lift, etc	.)
	Length of Test	Tubing Pressure	Casing Pressure	Cho	oko Sizo
	Actual Prod. During Teat	Oil-Bbls.	Water-Bbis.	Gas	- MCF
•	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCI	Gre	vity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-in) Cho	ke Sino
Ί.	CERTIFICATE OF COMPLIANC	DE .	- PIL C	CONSERVATION	N COMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given		APPROVED	1 11 1	, 19
	above is true and complete to the	best of my knowledge and belief.	BY_	A STO	and the second
	1 /		TITLE	ALVENTAL LY	
	20 8/1 /	//	This form is to	be filed in compl-	iance with RULE 1104.

If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All nections 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.