NO. OF COPIES RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.5.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE		T		

	NO. OF COPIES RECEIVED	and the second	_				
	DISTRIBUTION	JEW MEXICO OIL C	CONSERVATION COMM .	Form C-104			
	SANTA FE		Supersedes Old C-104 and C-11				
	FILE	Effective 1.1-cs					
		AND					
	U.S.G.5.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE						
	TRANSPORTER OIL		•	`			
	GAS	1					
	OPERATOR	1					
		-					
I.	PRORATION OFFICE	<u> </u>					
	Operator						
	Continental Oil Compan	ny					
	Address						
	Boy 160 Habba May 11						
	Reason(s) for filing (Check proper box	EXICO	Other (Please explain)				
	· —		Other (Flease explain)				
	New Well	Change in Transporter of:	Relocation of tan	k battery, effective			
	Recompletion	Oil Dry Go		• ,			
	Change in Ownership	Casinghead Gas Conder					
	If change of ownership give name						
	and address of previous owner						
Ħ.	DESCRIPTION OF WELL AND	LEASE					
***	Lease Name	Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.			
			State, Federa	lor Fee			
	Eaves A	14 Scarborough Y	ates 7-Rivers	Federal Federal			
	Location						
	Unit Letter D ; 61	60 Feet From The North Lin	ne and 660 Feet From 1	_{The} West			
	John Better						
	30 Ten	vnship 26 Range 3	7 , NMPM, Le	a County			
	Line of Section 30 Tov	vnship 26 Range 3	7 , NMPM, Le	County			
III.	DESIGNATION OF TRANSPORT						
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro-	ved copy of this form is to be sent)			
	Shell Pipe Line Compan	017	Box 1910, Midland, Tex	120			
	'Name of Authorized Transporter of Cas	singhead Gas (7) or Dry Gas	Address (Give address to which approx	ued copy of this form is to be sent)			
		••	The state of the s				
	El Paso Natural Gas C		Jal, New Mexico				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en			
	give location of tanks.	C 30 26S 37E	Yes	8-5-63			
			<u> </u>	0-3-03			
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA						
	Designate Toma of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completic	$\operatorname{on} - (\Lambda)$	1 1	!!!!			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Elevations (DF, RRB, RI, GR, etc.;	Name of Producing Formation	Top On Gus Pay	Tubing Bepin			
Perforations Depth Casing She				Depth Casing Shoe			
		TUBING CASING AND	CEMENTING RECORD				
			DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEFIRSE	SACKS CEMENT			
		1					
			 	1			
		<u> </u>	<u> </u>	<u> </u>			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-			
	OIL WELL	able for this de	epth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	(t, etc.)			
	1						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Pengui or 1931	1.20	•				
				Lo- Vor			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF			
		<u> </u>					
	0.40 11171 1						
	GAS WELL	T	Tall of Law Angen	Ta			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Tarana (Princip on our Princip						
				<u> </u>			
VI.	I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISS		TION COMMISSION				
•				$f = \{x \in V \mid x \in X\}$			
		amilations of the Oil Occasion.	APPROVED				
	I hereby certify that the rules and r Commission have been complied w	egulations of the Uli Conservation	10.01	11/2 - 4			
	above is true and complete to the	best of my knowledge and belief.	cf. By alsle 4. (lements				
who to the side and combined to the cast of mit should all and action							
			TITLE				
	_1	1	It.				
	m C/. ///			compliance with RULE 1104.			
	m. E. Geokley						
	- 111 · 62. 1.11 N 10. E.A		If this is a request for allow	able for a newly dillied or despense			
	Sient Sient	ture)	If this is a request for allow well, this form must be accompa	nied by a tabulation of the deviation			
	Administrative Section	nure)	well, this form must be accompated tests taken on the well in accor	nied by a tabulation of the deviation			

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.

NMOCC(5) File

March 13, 1969

(Title)

(Date)