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NO. OF COPIES RECEIVED	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ONICED VATION CONTUCT	Common to
SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Supersedes Old C-104 and C-1
FILE	NE GOLOT	AND	Supersedes Ota C-104 and C-1 $\int_{AV}^{AV} f(x) dx$
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATUR	AL GAS 1/25 1/25 1/266
LAND OFFICE			36° M
TRANSPORTER OIL	_		50
OPERATOR GAS			
PRORATION OFFICE	_		
Cperator	'		
Continental (Oil Company		
	O, Hobbs, New Mexico		
Reason(s) for filing (Check proper bo		Other (Please explain)
New Well	Change in Transporter of:		
Recompletion	Oil L Dry Ga		
Change in Ownership	Casinghead Gas Conder	isate	
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	Vel No. Pool No.	me, Including Formation R-305	borough. Yates Seven Rivers
Baves B-1	11 Jal	mate 1/1 a later of	State, Federal or Fee
Location	11 001	The training	ent Co
Unit Letter N; 66	O Feet From The South Lin	ne and 1980 Feet	From The West
Line of Section 30 , T	cwnship 26S Range 3	7E , NMPM,	Lea County
DECIONATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	ıs	
Name of Authorized Transporter of O	or Condensate	Address (Give address to which	approved copy of this form is to be sent)
\$hell Oil Company		Box 1910, Midlar	id, Texas
Name of Authorized Transporter of C	asinghead Gas or Dry Gas		approved copy of this form is to be sent)
El Paso Natural Gas	0 0	Box 1384, Ja1, No Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 30 26 37	Yes	1-27-66
			-
If this production is commingled w	with that from any other lease or pool,	give commingling order numbe	r:
	Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Res'v. Diff. Res'
Designate Type of Complet	,	X	
Date Spudded 1–4–66	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	1-22-66 Name of Producing Formation	3242 Top Oil/Gas Pay	Tubing Depth
Jalmat Multizone	Yates, Dolo	2960	2 1/2 @ 3200
Perforations			2 1/2 3200 Depth Casing Shoe
3141, 3160, 3167, 3	181, 3188, 3 20 2, 3207	, W/l JSPF	5 1/2 csg set @ 324
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	428	
6 3/4	5 1/2	3242	274 sx cmt Cl A 90 sx cmt Cl C
	2 -/ -		90 SA CIII 01 0
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of lo	ad oil and must be equal to or exceed top all
OIL WELL Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours) Producing Method (Flow, pump,	gas lift, etc.)
1-22-66			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	300	620	20/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
198	180	18	114
CAC MIEX Y			
GAS WELL 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
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
		ADDROVE	:
I hereby certify that the rules and	d regulations of the Oil Conservation I with and that the information given	APPROVED	, 19
above is true and complete to t	with and that the information given the best of my knowledge and belief.	BY	
		TITLE	
SIGNED HALR STIPMS	75.30	(I	ed in compliance with RULE 1104. rallowable for a newly drilled or deepen
SIGNED: HAL R STIPMENS (Signature)		If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
taff Supervisor			accordance with RULE 111. orm must be filled out completely for allo
(Title)		able 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.

1-27-66 USGS-5, PAN AM HOBBS-3, ATL ROS-2, CALIF MID-2 LPT 1-11-00