NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.\$.G.S LAND OFFICE TRANSPORTER GAS OPERATOR

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IEW MEXICO OIL CONSERVATION COMMISS. Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE **AND** AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROPATION OFFICE Operato ONTINENTAL OIL Company Hobbs, 460 Reason(s) for filing (Check proper box) Other (Please explain) X New Well Oil Dry Gas Recompletion Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE ll No. Pool Name, Including Formation Lease No. State, Federal or Fee Del AW AKE Nimberly Feet From The South Line and Range County Township e of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) CORPORATION MidIANI TENAS Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas OdesSA TexAs Is gas actually connected? If well produces oil or liquids, 24:32 415 ation of tanks. If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Same Res'v. Diff. Res'v. Oil Well Workover Designate Type of Completion -(X)P.B.T.D. Total Depth Date Compl. Ready to Prod. 5070 0-4-77 Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation 4921 Delaware Depth Casing Sho Perforations 5070 4973-4980 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET HOLE SIZE CASING & TUBING SIZE 650 1214 1248 400 5070 71/8 4977 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Floy, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test フー・イリーフィ ump Tubing Pressure Casing Pressure Choke Size Length of Test 24 HRS Ggs - MCF Oil - Bbls. Actual Prod. During Test TSIM GAS-WELL Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE All Hall I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. SUPERVISOR DISTRICT 1 TITLE. This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. (Signature) Su our UISOK

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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.

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OIL CONSERVATION COMM.

INCLINATION REPORT

OPERATOR: Continental Oil Company

P. O. Box 640

Hobbs, New Mexico 88240

LEASE NAME & NO: Wimberly No. 8 Well

LOCATION: Sec. 12, T-24-S, R-32-E, Lea County, New Mexico

DEPTH	INCLINATION
251	1/2
501	1
750	0
966	3/4
1248	1 1/2
1476	3/ 4
1756	1
1973	1
2286	1/4
2503	0
2968	3/4
3213	1 1/4
3463	1
3711	1
3972	1/4
4332	1/2
4614	1 1/4
4911	3
5070	2

I, F. O. Chambers, Drilling Superintendent of Paul's Drilling Co., Inc., being first duly sworn on oath state that I have knowledge of the facts and matter herein set forth and that the same are true and correct.

F. O. Chambers

SUBSCRIBED AND SWORN TO before me this 20th day of June, 1977.

(Seal)

Votary Public. Winkler County. Texas

TOBRANCITA LIDIE

Sunday Continental Oil Company 1. . . Box 640

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. . . . Tranber , Drilling Superincendent of Paul's Drilling Co., Inc., search that year on oath state that I have knowledge of the facts one ested especial set forth and that the same are true and correct.

E. Charbers

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