10. OF COPIES RECEIVED				
DISTRIBUTION			Ī	
ANTA FE				
FILE				
U.S.G.5.				
LAND OFFICE				
TRANSPORTER	OIL	I		
	GAS			
OPERATOR				
PROBATION OFFICE				

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

ANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11				
U.S.G.S.	AUTHORIZATION TO TR	Effective 1-1-65					
LAND OFFICE	AOTHORIZATION TO TR	GAS					
TRANSPORTER OIL							
OPERATOR GAS							
I. PRORATION OFFICE							
Operator	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -						
Address Address	CONTINENTAL OIL COMPANY Address						
Box 460	BOX 460 HOBBS NEW MEXICO 88240						
Reason(s) for filing (Check proper b	Reason(s) for filing (Check proper box) Other (Please explain)						
Recompletion 🔀	Change in Transporter of: Oil Dry G	ias 🗍					
Change in Ownership	Casinghead Gas Conde	ensate 🗍					
If change of ownership give name							
and address of previous owner		· · · · · · · · · · · · · · · · · · ·					
II. DESCRIPTION OF WELL AND							
Lease Name SHAHAN 33	Well No. Pool Name, Including I		Lease No.				
Location			181287				
Unit Letter;;	990 Feet From The NORTH Li	ne and 660 Feet From	The <u>EAST</u>				
Line of Section 73 T	Township 25-5 Range	37.E NMPM. L	EA County				
	J. C. Lange	, HIVIF WI,	EH County				
III. DESIGNATION OF TRANSPORMENT OF Authorized Transporter of C		AS Address (Give address to which appro-					
Name of Admortzed Transporter of C	or condensate	Address (Give address to which appro-	vea copy of this form is to be sent)				
Name of Authorized Transporter of C	_	Address (Give address to which appro-	ved copy of this form is to be sent)				
LL PASO NATURAL	Unit Sec. Twp. Rge.	Is gas actually connected? Who					
If well produces oil or liquids, give location of tanks.	Twp. Age.	F S	4.28.77				
If this production is commingled v	with that from any other lease or pool,	7 -					
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.				
Designate Type of Complet	ion – (X)		X				
Date Spudded Starte d	Date Compi. Ready to Prod.	Total Depth 3280'	P.B.T.D.				
2-/0-77 Elevations (DF, RKB, RT, GR, etc.)	2 - 28 - 77 Name of Producing Formation	Top Oil/Gas Pay	Z885				
	JALMAT YATES	2705	2350'				
Perforations 2706', 12', 2562', 68', 75', 8'	20', 28', 43', 50', 3	16, 90 \$ 2809	Depth Casing Shoe				
2562, 68, 73, 8	4', 95', 2603', 10', 1 TUBING, CASING, AN	D CEMENTING RECORD	2,773				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	10 3/4"	262'	/00				
	2 3/8 "	2350'	200				
	'EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. WELL						
Date First New Oil Run To Tanks							
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
Length of 14st	Tablid Linear	Castiff Liesping	•				
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas - MCF				
<u> </u>		•					
GAS WELL							
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 //				
Orilin Well Veste	096		16/64 Ths				
VI. CERTIFICATE OF COMPLIAN	NCE	OIL CONSERVA	TION COMMISSION				
V. Co. about analysis about the contact and	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED 19				
Commission have been complied	with and that the information given	and the same of th					
above is true and complete to the best of my knowledge and belief.		SUPERVISOR DISTRICTION MY					
<i>A</i>	_	TITLE	· ·				
C. L. Bradle		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. All sections of this form must be filled out completely for allow-					
1518	rature) L						
Sh. Staff	Asst.						
1-2	icle) 8-19	able on new and recompleted we	ils. III, and VI for changes of owner,				
(0)	ate)	well name or number, or transporte	er, or other such change of condition.				
OCC (3) PTNRS	(3) FILE	Separate Forms C-104 must completed wells.	be filed for each pool in multiply				

able 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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APR 28 1977

OIL CONSERVATION COMM.