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NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-11
 Effective 1-1-65

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AUG 21 1979

**O. C. C.
 ARTESIA OFFICE**

Operator: Conoco Inc.
 Address: P.O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Incompletion Oil Dry Gas
 Change in Ownership Castorhead Gas Condensate
 Other (Please explain): Change of corporate name from Continental Oil Company effective July 1, 1979.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------|-------------|--------------------------------|------------------------------|---------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| <u>State S-19</u> | <u>2</u> | <u>Grayburg-Jackson</u> | <u>State, Federal or Fee</u> | |
| Section | Quarter | Feet From The | Line and | Feet From The |
| | <u>I</u> | <u>2310</u> | <u>South</u> | <u>330</u> |
| Line of Section | Township | Range | County | |
| <u>19</u> | <u>17-S</u> | <u>29-E</u> | <u>Eddy</u> | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Permian Corp.</u> | <u>Midland, Texas</u> |
| Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Phillips Petroleum</u> | <u>Odessa, Texas</u> |
| Well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| <u>I 19 17 29</u> | <u>yes 8-6-75</u> |

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

| | | | | | | | | |
|---------------------------------------|-----------------------------|----------------|-------------------|----------|--------|-----------|------------|-------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Resv. | Diff. Resv. |
| <u>(X)</u> | | | | | | | | |
| Date Started | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| | | | | | | | | |
| Flowing: <u>SB, RAB, RT, GR, etc.</u> | Name of Producing Formation | Top of Gas Pay | Tubing Depth | | | | | |
| | | | | | | | | |
| Well Status | | | Depth Casing Shoe | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

CERTIFICATE OF COMPLIANCE

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.

[Signature]
 (Signature)

Division Manager

(Title)

AUG 20 1979

MMOCD (5) Artesia, File

OIL CONSERVATION COMMISSION

APPROVED AUG 24 1979
 BY [Signature]
 TITLE District Supervisor

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.