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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
 Supersedes C-104 and C-105
 Effective 1-1-65

I. OPERATOR

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: Oil Dry Gas
 Recompletion Gas Condensate
 Change in Ownership 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **Northeast Haynes** Well No./Pool Name, including Formation: **1 Otero Gallup** Kind of Lease: **Indian** Lease No.: **6-36**

Location: Unit Letter: **L** : **1850** Feet From The **S** Line and **790** Feet From The **W** Line of Section **9** Township **24 N** Range **5W** , N.M.P.M., **Rio Arriba** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : **Shell Oil Co.** Address (the address to which approved copy of this form is to be sent): **Farmington, NM**

Name of Authorized Transporter of Gas or Dry Gas : **El Paso Natural Gas Co.** Address (the address to which approved copy of this form is to be sent): **Farmington, NM**

If well produces oil or liquids, give location of tanks: Unit **L** Sec. **9** Twp. **24N** Rge. **5W** Is gas actually conducted? **Yes** Area: **10-16-61**

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New well	Workover	Deepen	Plug back	Side Reentry	Dist. Reentry
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B./P.D.			
Elevations (D.F., R.A.B., R.T., G.R., etc.)		Name of Producing Formation		Top Oil, Gas Pay		Tubing Depth			
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		

V. 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-MMCF

GAS WELL

Actual Prod. Test-MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pt.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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]
 Division Manager

Date: **6-11-79**

NYOCD (5) Aztuc

File

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 Original Signed by **A. L. Wendrick**
 BY _____
 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.
 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.