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LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL <input checked="" type="checkbox"/> GAS
OPERATOR	3
PRORATION OFFICE	

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-1  
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) Other (Please explain)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Change in Ownership ☐ Gashead Gas ☐ Condensate ☐ Change of corporate name from Continental Oil Company effective July 1, 1979.

If change of ownership give name and address of previous owner  
~~Continental Oil~~  
Name change only

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 30	Well No., Pool Name, Including Formation 10 Lindreth Gallup-Dakota, West	Kind of Lease State, Federal or Fee Indian	Lease No. C 41
Location			
Unit Letter M	Feet From The 330	Line and S	Feet From The W
Line of Section 30	Township 25 N	Range 4 W	NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Oil Co.	Address (Give address to which approved copy of this form is to be sent) Farmington, N. M.
Name of Authorized Transporter of Gashead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas
If well produces oil or liquids, give location of tanks.	Unit <input checked="" type="checkbox"/> Twp. <input type="checkbox"/> Pgs. <input type="checkbox"/> Is gas actually connected? <input type="checkbox"/> When <input type="checkbox"/>

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

V. COMPLETION DATA


Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Basin, Diff. Pgs.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.				
Elevations (DF, RKB, RT, GR, 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-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

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  
(Title)  
6-19-79  
(Date)

APPROVED JUN 19 1979, 19  
Original Signed by FRANK T. CHAVEZ  
BY \_\_\_\_\_  
TITLE DEPUTY OIL & GAS COMMISSIONER

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.

NMOCD (5) Aztec  
FILE