

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-110
Effective 1-1-65

B.K.

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

I. Operator Continental Oil Co. Conoco, Inc
Address P.O. Box 460 Hobbs New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) Request for allowable on this well's I.P. Name Change
If change of ownership give name and address of previous owner Continental Oil Co

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Jicarilla -30</u>	<u>15</u>	<u>Lindluth Gallup Dakota</u>	<u>Indian</u>	<u>Contract No. 41</u>
Location	Unit Letter	Feet From The	Line and	Feet From The
	<u>F</u>	<u>2070</u>	<u>North</u>	<u>1980</u>
				<u>West</u>
Line of Section	Township	Range	NMPM	County
<u>32</u>	<u>25 N</u>	<u>4W</u>	<u>Rio Arriba</u>	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized 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>Shell Pipeline Company</u>	<u>Farmington New Mexico</u>					
Name of Authorized Transporter of Casinghead 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>El Paso Natural Gas</u>	<u>Box 1492 El Paso Texas</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>0</u>	<u>24</u>	<u>25</u>	<u>4</u>	<u>NO</u>	<u>N/A</u>

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	Same Res.	Diff. Res.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>3-30-79</u>	<u>5-5-79</u>	<u>7580</u>	<u>7529</u>					
Elevations (DF, RKB, RT, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>6835</u>	<u>D & E Gallup Dakota</u>	<u>6354</u>	<u>7376</u>					
Perforations			Depth Casing Shoe					
<u>6357-7377</u>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4</u>	<u>8 3/8</u>	<u>516 GL</u>	<u>Grav. 20 SA</u>					
<u>7 1/8</u>	<u>5 1/2</u>	<u>7580 KB</u>	<u>TOC 2200</u>					

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.)	
<u>5-18-79</u>	<u>6-16-79</u>	<u>Flow</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24</u>	<u>830</u>	<u>815</u>	<u>N/A</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
<u>-</u>	<u>58</u>	<u>2</u>	<u>225</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			<u>Gravity 44°</u>
Testing Method (pitot, 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.

Ben A. Lee
(Signature)
Administrative Supervisor
(Title)
6-21-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 10 1979, 19_____
BY Original Signed by A. H. Hendrick
SUPERVISOR DISTRICT #_____
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.