

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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SANTA FE	
PHS	
U.S.M.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Conoco Inc.

Address
P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input checked="" type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Northeast Haynes</u>	Well No. <u>12</u>	Pool Name, including Formation <u>Ballard Pictured Cliffs</u>	Kind of Lease State, Federal or Fee <u>Indian</u>	Lease No. <u>C-36</u>
Location				
Unit Letter <u>0</u>	<u>1080</u>	Feet From The <u>South</u>	Line and <u>1650</u>	Feet From The <u>East</u>
Line of Section <u>16</u>	T. Township <u>24N</u>	Range <u>5W</u>	<u>NMPM</u>	<u>Rio Arriba</u>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Conoco Inc. Surface Transportation</u>	<u>P. O. Box 1429, Bloomfield, N. M. 87413</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Conoco Inc.</u>	<u>P. O. Box 460, Hobbs, New Mexico 88240</u>
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>16</u> Twp. <u>24N</u> Rge. <u>5W</u>
Is gas actually connected?	<u>Yes</u>

If this production is commingled with that from any other lease or pool, give commingling order number: PLC-58

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Re-ry.	Drill. H.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.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

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 1/2 inch 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

RECEIVED
NOV 16 1984
OIL CON. DIV.
DIST. 3

GAS WELL

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

David S. Smyth
(Signature)
Administrative Supervisor
(Title)
November 16, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 16 1984
BY Frank J. Gandy
TITLE SUPERVISOR DISTRICT # 3

This form is to be filled in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the device 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 own well name or number, or transporter, or other such change of conditions.