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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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-110
Effective 1-1-65

I. OPERATOR
Operator: **CONOCO INC.**
Address: **P. O. Box 460, Hobbs, N.M. 83240**

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): **PRODUCED GAS MUST NOT BE EXPORTED EXCEPT BY AN EXCEPTION TO R-1073 AS OBTAINED FROM U.S.G.S.**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name SEMU Eumont	Well No. 117	Pool Name, including Formation Eumont Queen	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee <input type="checkbox"/>	Lease No. LC-051620A
Location Unit Letter L ; 1650 Feet From The S Line and 330 Feet From The W Line of Section 24 Township 20S Range 37E , NMPM, Lea 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"/> Conoco Inc. Surface Transpo.	Address (Give address to which approved copy of this form is to be sent) Hobbs				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) El Paso, TX				
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 24	Twp. 20	Rge. 37	Is gas actually connected? <input type="checkbox"/> When no

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5-6-80	Date Compl. Ready to Prod. 6-18-80	Total Depth 3830'	P.B.T.D. 3730'					
Elevations (DF, RKB, RT, CR, etc.) GL 352a	Name of Producing Formation Eumont Queen	Top Oil/Gas Pay 3589'	Tubing Depth 3558					
Perforations 3589' - 3676'	See Corrosion						Depth Casing Shoe 3800'	

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	500'	432
12 1/4"	8 3/4"	2650'	1854
5 1/2"	5 1/2"	3500'	794
	2 3/8"	3558	

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 6-20-80	Date of Test 6-25-80	Producing Method (Flow, pump, gas lift, etc.) Flowed	
Length of Test 24 hr.	Tubing Pressure 75 psi	Casing Pressure 25 psi	Choke Size open
Actual Prod. During Test 29	Oil - Bbls. 29	Water - Bbls. 0	Gas - MCF 470

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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.

Jane A. Heer
(Signature)
Administrative Supervisor
(Title)
7-14-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Jane A. Heer
TITLE Administrative Supervisor

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.