		ė.	<u> </u>			
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	TRIBUTION	•				
SANTA			NEW MEXICO CIL CONSERVATION COMMISSION			
	re .	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1		
FILE			AND	Effective (+,-55		
U.5.G.\$		AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS		
LAND						
TRANS	PORTER					
	GAS					
OPERA	<del></del>					
1.	RORATION OFFICE					
Operator	C					
	Conoco Inc.					
Address	D O D 166	2 11 11 11 11 11 11				
<u></u>		0, Hobbs, New Mexico 882				
1	) for filing (Check proper bu	,	Other (Please explain)			
New We!I	=	Change in Transporter of:	Change of corpo	rate name from		
Recomple	=	, Oil Dry G	continental Oil	Company effective		
Change in	Cwnership	Castnghead Gas Conde	July 1, 1979.	• •		
If change	of ownership give name					
	ss of previous owner					
	PTION OF WELL AND	) LEASE				
Lease No		Well No. Fool Name, including	1	25 230 .751		
	h EL Mar Uni	I 17 EL MARD	Delaware State, Feder	ral or Fee NM-0279		
Location		2 -		(B)		
Unit L	etter;/ 8	Feet From The V	ne and 660 Feet From			
1		0.7				
Line o	f Section $30$ To	ownship 26-5 Range	33-E, NMPM,	La County		
II. DESIGN	ATION OF TRANSPOR	RTER OF OIL AND NATURAL GA				
Name of .	Authorized Transporter of C	Cr Condensate	Andress (Give address to which appr	oved copy of this form is to be sent;		
Tex	as - New Mi	exico Pipeline (u.	Box 1510 M	idland Texas		
Name of	Authorized Transporter of C	asingnead Gas 🗾 or Dry Gas 🗔	Address (Give address to which appro	oved copy of this form is to be sent)		
Phil	llins Petrole.	in Corporation	Odessa Texas	·		
75 wall as	adulas ail as liquida	Unit Sec. Twp. Ege.		hen		
4 '	tion of tanks.					
If this pea	duction is comminated w		<u> </u>			
$\mathbf{V}$ . COMPLE	this production is commingled with that from any other lease or pool, give commingling order number:					
		Cil Well Gas Well	New Well Workover Deepen	Plug Back - Same Resty, Ditt. Resty,		
Desig	gnate Type of Completi	ion = (X)				
Date Spuc	ided	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
				1.5.1.5.		
Elevation	s (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
İ	, , , , , , , , , , , , , , , , , , , ,			Tabling Depti.		
Perforation	ns			Depth Casing Shoe		
"				Deptil Gusting State		
	TUBING, CASING, AND CEMENTING RECORD					
·	UOL E 517E					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
<u></u>			1			
			!			
L		1	1			
	ATA AND REQUEST F		fter recovery of total volume of load oil	l and must be equal to or exceed top allow-		
	II. WELL able for this depth or be for full 24 hours)					
Date Fits	t New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)		
Length of	Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Pr	od, During Test	Oil-Bols.	Water-Bbis.	Gas-MCF		
_						
<del>-</del>			· · · · · · · · · · · · · · · · · · ·			
GAS WE	LL					
	od. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
			1	STEELY ST GONGENBULE		
Testing M	ethod (pitot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shut-in)	Choxe Size		
		June 24 ,		J		
I CERTIE	CATE OF COURT	CF	1			
CERTIF	hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		11 ,	ATION COMMISSION		
• •			APPROVED JUL 23 1979 19			
I hereby o			AFFROVED DOL	, 19		
above is			BY CERY	Liken		
				7.		
			TITLE District Sups	ervisor		
			mula ea la estada	compliance with a compliance		
	11 Monason		This form is to be filed in compliance with RULE 1104.			
<del></del>	11 HUMINIXE		If this is a request for allowable for a newly drilled or deepened			

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.

NMOCD (5)

(Signature) Division Manager

(Tyle) 6/14 (Date)

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.\$.0.5.			
AND OFFICE			
RANSPORTER	OIL		
NANSFORTEN	GAS		
PERATOR			

## I MEXICO OIL CONSERVATION COMMISSIF **REQUEST FOR ALLOWABLE** AND

m C-104 Supersedes Old C-104 and C-110

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROBATION OFFICE CONTINENTAL OIL CO MOWS, N.M Other (Please explain) Reason(s) for filing (Cheek proper box) CHANGE IN LEASE NAME FORMERLY Change in Transporter of: New Well Dry Gas Recompletion NORTH EL MAR UNIT BTRY # 1 Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner. Well No. | Pool Name, Including Formation Kind of Lease Legge No. MAR UNIT EL MAR DELHWARE State, Federal or Fee NM-02791 (8) NORTH , Feet From The WEST 1880 Feet From The NORTH Line and 660 33-E Township 26 - S County Range Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil BOX 1510 Midland TORAC TEXAS-NEW MEXICO PIPELINE Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Castinghead Gas or Dry Gas Phillips PETROLEUM ODESSA, TEXAS When Is gas actually connected? Sec. Unit If well produces oil or liquids, give location of tanks. 8-22-60 YES :32 : 26 · M ! 25 If this production is commingled with that from any other lease or pool, give commingling order number: **COMPLETION DATA** Plug Back | Same Res'v. Diff. Res'v. Workover Oil Well Designate Type of Completion - (X) Date Spudded Date Compi. Ready to Prod. Total Depth Top Oll/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, CR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test Chake Size Casing Pressure Tubing Pressure Length of Test Ggs-MCF Oil-Bhis. . Water - Bhla. Actual Prod. During Test GAS WELL Gravity of Condensate Bble. Condenscte/MMCF Length of Test Actual Prod. Test-MCF/D Cosing Pressure (Shut-in) Choke Size Tubing Pressure (Shat-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION 1. CERTIFICATE OF COMPLIANCE APPROVED\_ I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above in true and complete to the best of my knowledge and belief. TITLE . This form is to be filed in compliance with MULE 1104,45 Robert E. Smith

(Signature)

Stall Assistan

(Title) If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation that taken on the well in accordance with NULE 111.

NMOXC(5) USGS(2) NMFU(4) - FILE

All sections of this form must be filled out completely for sile

able 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 conditi Separate Forms C-104 must be filled for each pool in multi

completed wells.