

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes OIL C-104 and N-104
Effective 1-1-75

Operator Conoco Inc.	
Address P.O. Box 460, Hobbs, New Mexico 88240	
Reasons for filing (check proper box)	Other (Please explain)
New Well ☐	Change of corporate name from Continental Oil Company effective July 1, 1979.
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter oil ☐	
Oil ☐	
Gas ☐	
Dry Gas ☐	
Condensate ☐	

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

DESCRIPTION OF WELL AND LEASE				
Lease Name Stevens A-34	Well No. Pool Name, including Formation 1 Jalmat/Vates Gas	Kind of Lease State, Federal or Fee	Lease No. LC-030556A	
Location				
Unit Letter E	1980	Feet From The N	Line and 660	Feet From The W
Line of Section 34	Township 23 S	Range 36 E	N.M.P.M.	County Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) TA
Name of Authorized Transporter of Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jct. A.M.
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually transported? When

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

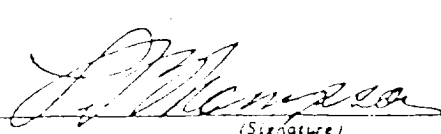
COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas well New well Workover Deepen Plug Back Same Resin. Dist. Resin.
Date Spudded	Date Comp. Ready to Prod. Total Depth P.B.T.D.
Elevations (D.F., Rn.B., RT, GR, etc.)	Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations	Depth 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 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

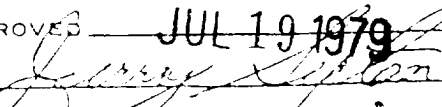
GAS WELL			
Actual Prod. Feet-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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)

OIL CONSERVATION COMMISSION

APPROVED JUL 19 1979, 19
BY 
TITLE District 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 deviated 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 multiphase completions.

RECEIVED

JUN 22 1979

OIL CONSERVATION COMM.
HOBBS, N. M.