

Oil and Mineral Conservation Division

Oil Conservation Division  
P. O. Box 2081  
Santa Fe, New Mexico 87501

Request for Allowable  
and  
Authorization to Transport Oil and Natural Gas

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Request for Allowable  
and  
Authorization to Transport Oil and Natural Gas

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 temporary approval to change oil transporter until Texas New Mexico Pipeline gets line back on.

Change of ownership give name and address of previous owner

Description of Well and Lease

Lease Name  
State A-17

Well No.  
3

Pool Name, including Formation  
Eunice Monument GSA

Kind of Lease  
State, Federal or Fee  
B-2656

Lease No.

Location  
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West  
Line of Section 17 Township 19S Range 37E NMPM, Lea Count

Designation of Transporter of Oil and Natural Gas

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Conoco Inc. Surface Transportation  
Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 2587, Hobbs, New Mexico 88240  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Warren Petroleum  
Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 67, Monument, New Mexico 88265

Is well produces oil or liquids, give location of tanks.  
Unit Sec. Twp. Rge.  
N 17 19S 37E  
Is gas actually connected? When  
Yes NA

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 Res'v. Diff. R

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Measurements (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

Test Well

Test must be after recovery of total volume of load oil and must be equal to or exceed top - able for this depth or be for full 24 hours

Time 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

Test Well

Actual Prod. Test - MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (prior, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

Certificate of Compliance

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

David L. Smyke

Administrative Supervisor

October 2, 1984

Oil Conservation Division

OCT - 4 1984

APPROVED

BY ORIGINAL SIGNED BY JERRY BOLTON

DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper 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.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.

RECEIVED  
OCT - 3 1984  
O.C.P.  
HOUSE OFFICE