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U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Superseades OIA C-104 and C-105  
Effective 1-1-55

I. OPERATOR

Operator Conoco Inc.

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

Reasons for filing (Check proper box)

New well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Other (Please explain) <u>Change of corporate name from Continental Oil Company effective July 1, 1979.</u>
Recompletion <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State AC Com</u>	Well Name, including Production <u>4 Eumont Queen Gas</u>	Kind of Lease <u>State</u> Federal or Fee	Lease No. <u>B-1533 1/2</u>
Location Unit Letter <u>C</u> ; <u>990</u> Feet From The <u>N</u> Line and <u>1650</u> Feet From The <u>W</u>	Line of Section <u>30</u> Township <u>19-S</u> Range <u>37-E</u> NMPM, <u>Lea</u> County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Gas (Oil or Gas) <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>Box 1492 El Paso, Texas</u>

If well produces oil or liquids, give location of tanks. Unit     Sec.     Twp.     R.     E.    

Is gas actually connected?  When \_\_\_\_\_

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Restm.	<input type="checkbox"/> Diff. Restm.
Date Spudded	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, 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

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbl.s.	Water - Bbl.s.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbl.s. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

J. Menzies  
(Signature)  
Division Manager

6/18/79  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1979, 19 \_\_\_\_\_

BY Garry Lipton

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 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 recompleting 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.