40. OF COPIES RECE	11460		
DISTRIBUTIO	ON		
SANTA FE			
FILE		1	-
U.S.G.S.		:	
LAND OFFICE		i	
[RANSPORTER	OIL	Ī	
	GAS	:	
OPERATOR		Ĭ	1
PRORATION OF	ICE	Ĭ	i
Operator			
Ca		Inc	

MOCD (5)
USGSW) NMFLL(4) FILE

	SANTA FE FILE		ENSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	LAND OFFICE IRANSPORTER GAS	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GAS	
	PRORATION OFFICE			
. [Conoco Inc			
L	Conoco Inc.			
	P.O. Box 460, Reasons) for tiling (Check proper box)	Hobbs, New Mexico 8824	Other (Please explain)	
i	New Well	Change in Transporter of:	Change of corporate	name from
	Recompletion	Ctl Dry Gas Castnghedd Gas Condens	Continental Oil Com	
-	"hange in Ownership	Castinghed Gas [Condens	Sate July 1, 1979.	
	f change of ownership give name and address of previous owner	· · · · · · · · · · · · · · · · · · ·		
.i. j	DESCRIPTION OF WELL AND L			
	Goedeke	Well No. Pool Name, Including Fo. / Salado Draw	Signa Fodoral or 5	Fee Nm 0359292
:	Location	/ Serado Die	• /	
;	Unit Letter D ; 66	20 Feet From TheLine	, and 1980 Feet From The _	
!	Line of Section 10 Town	nship 26-5 Range	33-E, NMPM, Lea	County
11	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	s	!
	Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which approved c	opy of this form is to be sent)
	Name or Authorized Transporter of Case	inghead Gas 📆 or Dry Gas 🗀	Address (Give address to which approved &	opy of this form is to be sent)
	Phillips Petroleum	n Corp.	Odessa, Texa	5
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When	
1	<u> </u>	h that from any other lease or pool, g	give commingling order number:	,
V.	COMPLETION DATA	Oil Well Gas Well	New Weil Workover Deepen Pl	ug Back Same Resty, Diff. Resty,
	Designate Type of Completio		7	B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth P.	5.1.5.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay Tu	abing Depth
	Perforations		De	epth Casing Shoe
		TURNO CACAGO AND	CENTRIC RECORD	
	HOLE SIZE	CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af able for this de	fter recovery of total volume of load oil and pth or be for full 24 hours)	
į	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, et	tc.)
	Length of Test	Tubing Pressure	Casing Pressure C	hoke Size
		Oil - Bbis.	Water - Bble. G	gs - MCF
	Actual Prod. During Test	011-85.8.	Hater - Bailet	
1	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF G	ravity of Condensate
			Code Brown (Shut-in)	hoke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) C	
VI.	CERTIFICATE OF COMPLIANO	CE	OIL CONSERVATI	ON COMMISSION
	I hereby certify that the rules and r	regulations of the Oil Conservation	APPROVED JUL 17	979
	I hereby certify that the rules and r Commission have been complied wabove is true and complete to the	with and that the information given	BY Stray	Alon
	above to time and complete to the	.	TITYE District Superv	isor
	MA		This form is to be filed in com	
	1 H Man	RSOL	If this is a request for allowable	le for a newly drilled or despened d by a tabulation of the deviation
	(Signo	n Manager	tests taken on the well in accordan	SCO WITH HULE III.
	DIVISIO	ii Hallaget	All sections of this form must !	be filled out completely for allow-

all sections of this form must be lifted 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.

ſ	NO. OF COPIES RECE	1450	
	DISTRIBUTIO	N	
	SANTA FE		
ı	FILE		
	U.S.G.S.		
	LAND OFFICE		
	IRANSPORTER	OIL	
	IRANSPORTER	GAS	
	OPERATOR		
1.	PRORATION OFFICE		
•	Operator		

1EW MEXICO OIL CONSERVATION COMMISS.

Form C-104

FILE	REQUEST	FOR ALLOWABLE	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TO	AND	0.45	
LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS	
1011	1		: :	
TRANSPORTER GAS	1		i :	
OPERATOR	1		:	
PRORATION OFFICE	1		:	
Operator	O CA			
CONTINEN	TAL OIL CO		·	
Address	Hobbs, N.M.			
			· · · · · · · · · · · · · · · · · · ·	
Reason(s) for filing (Check proper box		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Ga Casinghead Gas Conder			
Change in Ownership	Control Control			
If change of ownership give name				
and address of previous owner				
II. DESCRIPTION OF WELL AND	LEASE			
Lease Name	Well No. Pool Name, Including F	ormation Kind of Lea	i =	
GOEDEKE	SALADO DRAV	V DELAWARE State, Fede	ral or Fee NM - 0359292	
Location				
Unit Letter 0; 66	O Feet From The SOUTH Lin	ne and 1980 Feet From	The EAST	
			i 	
Line of Section O To	waship 26-5 Range 3	3-E , NMPM,	LEA Count	
II. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Ot	TER OF OIL AND NATURAL GA	Address (Give address to which app	roved copy of this form is to be sent)	
PERMIAN CORP		MIDLAND , TEXA		
Name of Authorized Transporter of Co	singhead Gas 🖂 or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)	
PHILLIPS		DOESSA , TEXA	S	
	Unit Sec. Twp. P.ge.		/hen	
If well produces oil or liquids, give location of tanks.	G 10 26 33	YES	5-1-75	
If this production is commingled W	ith that from any other lease or pool,	give commingling order number:		
IV. COMPLETION DATA	the that from any other rease or poor,	Erve comminging order number		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Re	
Designate Type of Completi	on – (A)	1 1		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
			Depth Casing Shoe	
Perforations				
	TURING CASING AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUSING SIZE	52, 11.52		
·				
<u> </u>				
V. TEST DATA AND REQUEST I	FOR ALLOWABLE. (Test must be	after recovery of total volume of load of	oil and must be equal to or exceed top a	
OIL WELL	able for this d	epth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
<u>:</u>			l challenge	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
I		Water Day	Ggs - MCF	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	GG8 - MCF	
6 4 6 WWW =				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. 1881-MOF/D				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Coming manifes (press) seem proj				
T. CERTIFICATE OF COMPLIA	NCF	OIL CONSER	VATION COMMISSION	
CERTIFICATE OF COMPLIA	TOL		3	
f handha garrifa that the miles an	i regulations of the Oil Conservation	APPROVEO L	<u>19</u> , 19	
heringan again an	with and that the information giver	1 5 1 /	Seuten	
anove is true and complete to the best of my knowledge and belief.		BY		
		TITLE		
<u> </u>) · · · A	This form is to be filed	in compliance with RULE 1104.	
Robert E	Smith	Into form to be inted. If this is a request for all	lowable for a newly drilled or deep	
(Signature)		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 of the deviation of the deviation of the most be accompanied by a tabulation of the deviation of the most be accompanied by a tabulation of the deviation of the most be accompanied by a tabulation of the deviation of the deviatio		

NManniel necessi NMEU/41 - File

(Signature)

(Signature)

(Title) /

(12515-75

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.