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

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

Form C-104
Supersedes OIA C-104 and C-105
Effective 12-1-73

I. Operator Conoco Inc.
 Address P.O. Box 460, Hobbs, New Mexico 88240
 Reasons for filing (check proper box):
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership Other (Please explain) Change of corporate name from Continental Oil Company effective July 1, 1979.
 If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
 Lease Name State A-33 Well No. 1 Pool Name, including Formation Hobbs G-SA Kind of Lease State, Federal or Fee Lease No. B-2656
 Location
 Unit Letter M 660 Feet From The S Line and 660 Feet From The W
 Line of Section 33 Township 18-5 Range 38-E, NMPM, lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Shell Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) Box 1598 Hobbs, New Mexico
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Phillips Petroleum Corporation Address (Give address to which approved copy of this form is to be sent) Box 758 Hobbs, New Mexico
 If well produces oil or liquids, give location of tanks. Unit _____ Sec. _____ Twp. _____ Rge. _____ 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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'n	Diff. Rest'n
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, RT, CR, 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-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. 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.

[Signature]
 (Signature)
 Division Manager

6/18/79
 (Date)

NYOCD (5) FILE

OIL CONSERVATION COMMISSION

JUL 3 1979

APPROVED _____, 19____
 BY [Signature]
 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 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.