

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

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

Form C-104  
 Supersedes Old C-104 and C-  
 Effective 1-1-65

I. Operator Conoco Inc.  
 Address PO Box 460 Hobbs NM 88240  
 Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SE 1/4 Tumor</u>	Well No. <u>118-4</u>	Pool Name, including Formation <u>Tumor Queen Gas</u>	Kind of Lease State, <u>Federal</u> or Fee <u>NM 2511</u>	Lease No. <u>118-2511</u>
Location Unit Letter <u>H</u> : <u>1750</u> Feet From The <u>North</u> Line and <u>710</u> Feet From The <u>East</u>				
Line of Section <u>29</u> Township <u>2S South</u> Range <u>37 East</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 Casinghead Gas <input 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>P.O. Box 1442, El Paso Texas 79978</u>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
					<u>NO</u>

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 <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>8-26-80</u>	Date Compl. Ready to Prod. <u>10-9-80</u>	Total Depth <u>3705'</u>	P.B.T.D. <u>3528'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3512' JR</u>	Name of Producing Formation <u>Tumor Queen Gas</u>	Top Oil/Gas Pay <u>3514'</u>	Tubing Depth <u>3665'</u>		Depth Casing Shoe			
Perforations <u>3514' - 3639' TOTAL 16 holes</u>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>7 1/2"</u>	<u>1290'</u>	<u>630 SY</u>					
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>3760'</u>	<u>1300 SY</u>					
	<u>2 3/8"</u>	<u>3665'</u>						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	

Actual Prod. Test - MCF/D <u>84 MCF/D</u>	Length of Test <u>24 hrs</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Flowing</u>	Tubing Pressure ( <u>shot-in</u> ) <u>12 psf</u>	Casing Pressure ( <u>shot-in</u> ) <u>33 psf</u>	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.

Jane A. Heer  
 (Signature)  
 Administrative Supervisor

(Title)

NOV 6 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY Leslie A. Clements  
 TITLE \_\_\_\_\_

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 multiple completed wells.