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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
 Supersedes Old C-104 and C-110
 Effective 1-1-55

I. OPERATOR

Operator: Conoco Inc.

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

Reason(s) for filing (check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	Change of corporate name from Continental Oil Company effective July 1, 1979.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Vaughan A-14</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Galmat Gates 7-Rivers</u>	Kind of Lease <u>CC</u>	Lease No. <u>030467(a)</u>
Location <u>N 990</u>	Fees From The <u>South</u>	Line and <u>2310</u>	Fees From The <u>West</u>	
Line of Section <u>14</u>	Township <u>24-S</u>	Range <u>36E</u>	NMPM, <u>Lea</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Conoco Inc Surface Transportation</u>	<u>Box 2587 Hobbs, N.M.</u>
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input 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.	Is gas actually connected? When
<u>N 14 24 36</u>	<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	New Well	Workover	Deepen	Plug Back	Same Res't.	Dif. Res't.
Date Spudded	Date Comp., Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, R&B, 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 - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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. Thompson
 (Signature)
 Division Manager
 (Title)

JUL 25 1979

NMOCD (5) (Date)
N.M.F.U., File
(4)

OIL CONSERVATION COMMISSION

APPROVED AUG 1 1979, 19____

BY *Jerry Septon*

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.

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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-110
 Effective 1-1-65

I. Operator
 Continental Oil Company
 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
 Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
 FLARED AFTER 5/1/77
 UNLESS AN EXCEPTION TO R-4070
 IS OBTAINED.**

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
 Lease Name: VAUGHANA-14 Well No.: 7 Pool Name, including Formation: ~~Front~~ Yates 7 Rivers Kind of Lease: LC 030467 Lease No.: (a)
 State, Federal or Fee: (a)
 Location
 Unit Letter: N 990 Feet From The South Line and 2310 Feet From The West
 Line of Section: 14 Township: 24-S Range: 36-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
 Continental Oil Surface Trans Box 2587
 Address (Give address to which approved copy of this form is to be sent)
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
 El Paso Natural Gas Co Box 1492 El Paso, NM
 Address (Give address to which approved copy of this form is to be sent)
 If well produces oil or liquids, give location of tanks. Unit: N Sec.: 14 Twp.: 24 Rge.: 36 Is gas actually connected? No 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 Res'v. Diff. Res'v.
 Date Spudded: 2-10-79 Date Compl. Ready to Prod.: 3-23-79 Total Depth: 3585 P.B.T.D.: 3490
 Elevations (DF, RKB, RT, GR, etc.): 3343 GL Name of Producing Formation: ~~Front~~ Yates 7 Rivers Top Oil/Gas Pay: 3180 Tubing Depth: 3446
 Perforations: 3189'-91', 3197', 3228', 30', 39', 41' w/1 JS PF. Depth Casing Shoe: 3438'-40', 3460'-62' w/1 JS PF
 TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	9 5/8	1220	765
8 3/4	7	3569	505
	2 3/8	3446	

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: 5-22-79 Date of Test: 5-22-79 Producing Method (Flow, pump, gas lift, etc.): Pump
 Length of Test: 24 hrs Tubing Pressure: 160 Casing Pressure: 20 Choke Size: 26/64"
 Actual Prod. During Test: Oil - Bbls.: 29 Water - Bbls.: 1003 Gas - MCF: 25
 Gravity: 30.6

GAS WELL
 Actual Prod. Test - MCF/D: _____ Length of Test: _____ Bbls. Condensate/MMCF: _____ Gravity of Condensate: _____
 Testing Method (pitot, 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.

 Administrative Supervisor
 June 29, 1979
 (Signature) (Title) (Date)

OIL CONSERVATION COMMISSION
 APPROVED: _____ JUL 3 1979
 BY: _____
 TITLE: SUPERVISOR DISTRICT I
 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.

NMOC D (3), USGS (5), NMFU (4), File

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JUN 29 1979

W. N. HOBBS

HOBBS, N. M.

JUN 29 1979

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