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U.S.G.S.

LAND OFFICE

TRANSPORTER OIL / GAS

OPERATOR

PRORATION 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

Operator: Conoco Inc.

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

Reason(s) for filing (Check proper box)
- New well
- Recompletion
- Change in Ownership

Change in Transporter of:
- Oil
- Casinghead Gas
- Dry Gas
- Condensate

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: SEMU McKee — Well No.: 59 — Pool, Including Formation: Warren McKee — Kind of Lease: State, Federal or Fee — Lease No.: LC-031670 (6)

Location: Unit Letter M : 660 Feet From The S Line and 660 Feet From The W

Line of Section 20 Township 20-S Range 38-E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: Western Oil Transportation Co. — Address (Give address to which approved copy of this form is to be sent): Box 3120 Midland, Texas

Name of Authorized Transporter of Casinghead Gas or Dry Gas: Warren Petroleum Corporation — Address (Give address to which approved copy of this form is to be sent): Box 67 Monument, 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 Resv.	Diff. Resv.

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
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

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Gas-MCF
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

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.

(Signature)

Division Manager
(Title)

6/15/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19—

BY _____

TITLE District Supervisor

This form is to be filed in compliance with RULE 1

If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of t tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out complete able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for chang well name or number, or transporter, or other such change

Separate Forms C-104 must be filed for each po completed wells.

NMOCD (5) USGS(2) NMFU(4) FILE

NMC

...or condition

...Forms C-104 must be filed for each pool in multip completed wells.