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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 OCS C-104 and C-11  
Effective 1-1-55

I. Operator  
Conoco Inc.  
Address  
P.O. Box 460, Hobbs, New Mexico 88240  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Castinhead 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  
Russell 30 Federal  
Well No.  
8  
Pool Name, including formation  
Mason Delaware North  
Kind of Lease  
State, Federal or Fee  
Lease No.  
LC-068281  
Location  
Unit Letter  
K  
2310  
Feet From The  
S  
Line and  
2310  
Feet From The  
W  
Line of Section  
30  
Township  
26-5  
Range  
32-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 Castinhead Gas ☒ or Dry Gas ☐  
Phillips Petroleum Corporation  
Address (Give address to which approved copy of this form is to be sent)  
Odessa Texas  
If well produces oil or liquids,  
give location of tanks.  
Unit  
F  
Sec.  
19  
Twp.  
26  
Rge.  
32  
Is gas actually connected?  
Yes  
When  
10-19-76

If this production is commingled with that from any other lease or pool, give commingling order number:  
V. 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	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 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

I. 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  
(Type)  
6/14/79  
(Date)  
NMOC (5)  
USGS (2) FILE

OIL CONSERVATION COMMISSION  
APPROVED JUL 17 1979  
BY Jerry Lipton  
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.