

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

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator **CONOCO INC.**
Address **P. O. Box 460, Hobbs, N.M. 88240**

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

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Oil Castinghead Gas Condensate
 Change in Ownership

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

II. DESCRIPTION OF WELL AND LEASE

R-6328

Lease Name **Lynn A** Well No. **6** Pool Name, including Formation **Jalmat Tansill Yates 7 Rvrs** Kind of Lease **Federal** Lease No. **LC-030139(a)**

Location Unit Letter **F** ; **1980** Feet From The **North** Line and **2310** Feet From The **West**

Line of Section **28** Township **23-S** Range **36-E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) **Shell Pipe Line Co. Midland, Texas**

Name of Authorized Transporter of Castinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) **El Paso Natural Gas Jal, New Mexico**

If well produces oil or liquids, give location of tanks. Unit **H** Sec. **28** Twp. **23** Rge. **36** is gas actually connected? **yes** When **2-25-80**

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.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded 1-12-80	Date Compl. Ready to Prod. 2-6-80	Total Depth 3720'	P.B.T.D. 3679'					
Elevations (DF, RKB, RT, GR, etc.) 3459' GL	Name of Producing Formation 9a Gal	Top Oil/Gas Pay 3437'	Tubing Depth 3455 SN					
Perforations 3437'-3494'	Depth Casing Shoe 3720'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1418	7765X Circ 55X
7 7/8	5 1/2	3679	7455X
	2 1/4	3490	

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 **2-6-80** Date of Test **2-6-80** Producing Method (Flow, pump, gas lift, etc.) **Pump**

Length of Test **24 hours** Tubing Pressure **50** Casing Pressure **50** Choke Size **open**

Actual Prod. During Test Oil-Bbls. **17** Water-Bbls. **-0-** Gas-MCF **140**

GAS WELL

Actual Prod. Test-MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate **Gravity 29.0°**

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.

Jane A. Hier
(Signature)

Administrative Superintendent
(Title)

MAR 19 1980

NMOC D(5), NMFCU(4), USGS(2)
EL

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *Jane A. Hier*
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.