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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-105
Effective 1-1-65

RECEIVED

FEB 7 1978

Operator
CLIFFORD CONE ✓O. C. C.
ARRESIA, OFFICEAddress
P.O. BOX 1148, LOVINGTON, NEW MEXICO 88260

Reason(s) for filing (check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☒	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name and address of previous owner B & A OPERATING CO., P.O. BOX 136, LOVINGTON, NEW MEXICO 88260

II. DESCRIPTION OF WELL AND LEASE

14-0800018772

Lease Name	Well No.	Lease Name, including Formation	Kind of Lease	Lease No.
CULWIN QUEEN UNIT	3	SHUGART	State, Federal or Fee STATE	E-7811
Location	Unit Letter	K	1650	Feet From The SOUTH
	Line and	2310	Feet From The WEST	
	Line of Section	36	Township	18S
		Range	30E	NMCM, EDDY
				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)					
TEXAS - NEW MEXICO PIPELINE CO.	P.O. BOX 1510, MIDLAND, TEXAS 79702					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
PHILLIPS PETROLEUM COMPANY	PHILLIPS BLDG. (P.O. BOX 6666) ODESSA, TEXAS					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	36	18S	30E	YES	4/5/74

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.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation	Per. 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

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.

CLIFFORD CONE

(Signature)

Co-OWNER - OPERATOR

(Title)

FEBRUARY 7, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB - 9 1978

BY W. A. Gussert

TITLE SUPERVISOR, DISTRICT II

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 own well name or number, or transporter, or other such change of condition.

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