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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-1
Effective 1-1-65

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FEB 7 1978

Operator CLIFFORD CONE ✓		O. C. C. ODESSA, OFFICE
Address P.O. Box 1148, LOVINGTON, NEW MEXICO 88260		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of ownership give name B & A OPERATING CO., P.O. Box 136, LOVINGTON, NEW MEXICO 88260 and address of previous owner		

II. DESCRIPTION OF WELL AND LEASE		14-0800018772
Lease Name CULWIN QUEEN UNIT	Well No. 8	Pool Name, including Formation SHUGART
Kind of Lease State, Federal or Fee STATE		Lease No. E-7811
Location		
Unit Letter P	660 Feet From The SOUTH	Line and 660 Feet From The EAST
Line of Section 36	Township 18S	Range 30E
NMPM EDDY		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"/> TEXAS - NEW MEXICO PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1510, MIDLAND, TEXAS 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent) PHILLIPS BLDG. (P.O. BOX 6666) ODESSA, TEXAS					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 36	Twp. 18S	Rge. 30E	Is gas actually connected? YES	When 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)
Bbls. Condensate/MMCF	
Gravity of Condensate	
Casing Pressure (Shut-in)	
Choke Size	

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED FEB - 9 1978	
CLIFFORD CONE		BY W. A. Gressett	
CO-OWNER - OPERATOR		SUPERVISOR, DISTRICT II	
FEBRUARY 7, 1978		TITLE	
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 conditions.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.			