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TRANSPORTER GAS	/	
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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-11
Effective 1-1-65

RECEIVED
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O. C. C.
ARTESIA, OFFICE

I. Operator: CLIFFORD CONE ✓

Address: P.O. BOX 1148, LOVINGTON, NEW MEXICO, 88260

Reason(s) for filing (Check proper box)
- New Well [ ]
- Recompletion [ ]
- Change in Ownership [X]

Change in Transporter of:
- Oil [ ]
- Dry Gas [ ]
- Casinghead 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

14-0800018772

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
CULWIN QUEEN UNIT	1	SHUGART	State, Federal or Fee STATE	B-2023

Location
Unit Letter H : 2310 Feet From The NORTH Line and 660 Feet From The EAST

Line of Section 36 Township 18S Range 30E, NMPM, EDDY County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: 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 [X] or Dry Gas [ ]: 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	36	18S	30E	YES (TSTM)	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 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.)	
		Pasted	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size 2 1/2 3 2/10/78
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 (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.

CLIFFORD CONE (Signature)

CO-OWNER - OPERATOR (Title)

FEBRUARY 7, 1978 (Date)

OIL CONSERVATION COMMISSION

APPROVED FEB - 9 1978, 19

BY W.A. Gressett

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 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 ownership, 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.