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OPERATOR	/	
PROBATION OFFICE		

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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FEB 7 1978

Operator CLIFFORD CONE ✓		O. C. C. ARTESIA, OFFICE
Address P.O. Box 1148, LOVINGTON, NEW MEXICO 88260		
Reason(s) for filing (Check proper box)		
New Well ☐	Change In Transporter of:	Other (Please explain)
Recompletion ☐	Oil ☐ Dry Gas ☐	
Change In Ownership ☒	Casinghead Gas ☐ Condensate ☐	

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 CULWIN QUEEN UNIT	Well No. 13	Pool Name, Including Formation SHUGART	Kind of Lease State, Federal or Fee FEDERAL	Lease No. LC-063613
Location				
Unit Letter A	660	Feet From The NORTH	Line and 660	Feet From The EAST
Line of Section 1	Township 19S	Range 30E	NMPM, EDDY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ 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 ☒ 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 P	Sec. 36
	Twp. 18S	Range 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	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, RAB, 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

Post 3 10/10/45
changed
O. per

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

Clifford Cone
(Signature)

CO-OWNER - OPERATOR

(Title)

FEBRUARY 7, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB - 9 1978

BY

W. A. Gressett
SUPERVISOR, DISTRICT II

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 condition.

Separate Form C-104 must be filed for each pool in multiply completed wells.