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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-110
Effective 1-1-65

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Operator CONOCO INC.		MAY - 5 1980	
Address P. O. Box 460, Hobbs, N.M. 88240		O. C. D.	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/>		Other (Please explain) ARTESIA, OFFICE CONOCO INC. ASSUMED OPERATION 5-2-80	
Change in Transporter of: Oil <input checked="" type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/>		Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner **ROGER C. HANKS P.O. Box 3148 Midland, Tx. 79702**

Lease Name Vicki Federal		Well No. 1	Pool Name, Including Formation Waggoner Deep Upper Pennsylvanian	Kind of Lease Oil	Lease No. NM 045 275
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line of Section 26 Township 20 S Range 24 E , NMPM, Eddy County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> CONOCO INC. Surface Transportation		Address (Give address to which approved copy of this form is to be sent) Box 2587 Hobbs, NM 88240			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONOCO INC.		Address (Give address to which approved copy of this form is to be sent) Box 2160 Hobbs, NM 88240			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 26	Twp. 20 S	Rge. 24 E	Is gas actually connected? When YES 3.27.73

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
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					

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	

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	

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.		OIL CONSERVATION COMMISSION APPROVED MAY - 6 1980 BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II	
James A. Lee (Signature) Administrative Supervisor (Title) 5/2/80 (Date)		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.	

