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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Effective 1-1-66
RECEIVED
SEP 26 1979
O. C. C.
ARTESIA, OFFICE

I. Operator Conoco, Inc.
Address P.O. Box 460 Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box) Designate (Other (Please explain))
New Well ☐ Recompletion ☐ Change in Ownership ☐
Oil ☒ Gas ☒ Dry Gas ☒
Casinghead Gas ☐ Condensate ☒

If change of ownership give name and address of previous owner

P-6368

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 34 Well No. 1 Designated Ed Marrow Kind of Lease State Federal Fee NM 34458
Location N 960 Feet From The South Line and 1980 Feet From The East
Line of Section 34 Township 20S Range 26E N.M.P.S. Edley

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Conoco, Inc. Surface Transporter or Condensate ☒ Address (Give address to which approved copy of this form is to be sent) Hobbs, New Mexico
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) El Paso, Texas
If well produces oil or liquids, give location of tanks. N 34 20S 26E Is it actually connected? Yes When 9-13-79

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	Flowback	Shut-in	Other
Date Spudded	Date Compl. Ready to Prod.		Total Depth		Perforations			
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			
<u>2 7/8" x 26' x 12.5' x 12.5'</u>								

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
<u>10500</u>	<u>24</u>	<u>7</u>	<u>52</u>
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Back Pressure</u>	<u>2000</u>		

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.

Ben A. Lee
(Signature)
Administrative Supervisor
(Title)
9-25-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 28 1979
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 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