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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Supersedes C-104 and C-110
Effective 1-1-65

Operator	Conoco Inc.
Address	P.O. Box 460, Hobbs, New Mexico 88240
Reason(s) for filing (check proper box)	Other (Please explain)
New Well ☐	Change of Transporter of: Oil ☐ Dry Gas ☐ Condensate ☐
Recompletion ☐	Change of corporate name from Continental Oil Company effective July 1, 1979.
Change in Ownership ☐	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name	Well No. Pool Name, including information	State, Federal or Free Indian	
Northeast Haynes	7 Otero Gallup		4-36
Location	Unit Letter L 1850 Feet from the S Line and 740 Feet from the W		
Section 10	Township 24N Range SW	County Rio Arriba	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (the address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil ☒ or Condensate ☐		Farmington, NM
Name of Authorized Transporter of Disintegrated Gas ☒ or Dry Gas ☐		Hobbs, NM
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 10 24N SW	Is gas actually connected? When 9-63

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

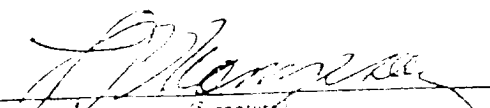
COMPLETION DATA		Oil Well	Oil Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		S.B.T.D.					
Elevations (DF, RAB, RT, CL, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					

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	Flowing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Bbls./Bbls.	Water Table	Gas-MCF

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test				
Testing Method (pilot, back prod)	Flowing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		

I. 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.


(Signature)

Division Manager

(Title)

6-11-79

(Date)

NMOC (5) Aztec

File

OIL CONSERVATION COMMISSION

APPROVED AUG 6 1979
BY Original Signed
TITLE SUPERVISOR DISTRICT # 3

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.