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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 Old C-104 and C-
Effective 1-1-65

I. Operator
CONOCO INC.
Address
PO Box 460 Hobbs NM 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name NORTHEAST HAYNES	Well No. 3E	Pool Name, including Formation Basin DAKOTA	Kind of Lease Indian	Lease No. C-36
Location Unit Letter 1660 Feet From The South Line and 990 Feet From The WEST Line of Section 16 Township 24N Range 5W , NMPM, Rio ARriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
EL PASO NATURAL GAS Co.	FARMINGTON, NM	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Pge.
		Is gas actually connected? No When

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.
		X	X					
Date Spudded 3/15/80	Date Compl. Ready to Prod. 4/24/80	Total Depth 6970'	P.B.T.D. 6855'					
Elevations (DF, RKB, RT, GR, etc.) GL 6615'	Name of Producing Formation DAKOTA	Top Oil/Gas Pay 6731'	Tubing Depth 6751'					
Perforations 6731' - 6802'			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	301'	209
7 7/8"	5 1/2"	6944'	2420

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 1499	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) FLWD	Tubing Pressure (shut-in) 110 psi	Casing Pressure (shut-in) 519 SICP 1130#	Choke Size 3/4"

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.

Nishal K. Walff
(Signature)
Administrative Supervisor

JUN 4 1980 (Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 12 1980**, 19

BY **Original Signed by FRANK T. CHAVEZ**

TITLE **SUPERVISOR DISTRICT # 2**

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 multiple completed wells.