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U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL
<input type="checkbox"/> GAS
OPERATOR
PRORATION 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-105  
 Effective 1-1-75

**I. OPERATOR**

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 in Transporter of: Change of corporate name from

Recompletion  Oil  Dry Gas  Continental Oil Company effective

Change in Ownership  Casinghead Gas  Condensate  July 1, 1979.

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Sanderson AB-14</u>	Well No., Pool Name, Including Formation <u>1 Eminent Dates TRvs Queen</u>	Kind of Lease State, Federal or Free	Lease No. <u>LC031622A</u>
Location			
Unit Letter <u>D</u>	<u>330</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>W</u>		
Line of Section <u>14</u>	Township <u>20</u>	Range <u>36</u>	County <u>Lea</u>

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Arco Pipeline Co.</u>	<u>Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Warren Petroleum Corp.</u>	<u>Box 1589, Tulsa, Oklahoma</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? 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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Resht.	<input type="checkbox"/> Diff. Resht.
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				
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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

**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.

*J. J. Morrison*  
 (Signature)  
 Division Manager  
 (Title)  
6-15-79  
 (Date)

NMOCD (5) USGS(2) XMP(4) FILE

**OIL CONSERVATION COMMISSION**

APPROVED JUL 16 1979, 19\_\_\_\_  
 BY *Jerry Sipton*  
 TITLE District Supervisor

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.

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JUN 25 1979

**OIL CONSERVATION COMM.  
HOBS. N. M.**