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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
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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-105
 Effective 1-1-65

TA

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Operator: CLIFFORD CONE ✓

Address: P.O. BOX 1148, LOVINGTON, NEW MEXICO 88260

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Castin/lead Gas Condensate

O. C. C.
 ARTESIA, OFFICE

If change of ownership give name and address of previous owner: B & A OPERATING CO., P.O. BOX 136, LOVINGTON, NEW MEXICO 88260

II. DESCRIPTION OF WELL AND LEASE

Lease Name: CULWIN QUEEN UNIT Well No.: 7 Pool Name: SHUGART Kind of Lease: FEDERAL Lease No.: NM-02460

Location: Unit Letter M, 660 Feet From The SOUTH Line and 592.35 Feet From The WEST
 Line of Section 31 Township 18S Range 31E, NMPM, EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address: (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Castin/lead Gas or Dry Gas Address: (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks: Unit Sec. Twp. Rge. 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) Oil Well Gas Well New Well Workover Deepen Plug Back Same Rest'v. Diff. Rest'v.

Date Spud Date Compl. Ready to Prod. Total Depth P.B.T.D.
 Elevations (DF, REB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tying Depth
 Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

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 Tying Pressure Casing Pressure Choke Size
 Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

Post
 2/8/78
 2/10/78
 J. A. Gressett

GAS WELL

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
 Testing Method (pilot, back pr.) Tying 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.

CLIFFORD CONE
 CO-OWNER - OPERATOR
 FEBRUARY 7, 1978

(Signature)
 (Title)
 (Date)

OIL CONSERVATION COMMISSION
 FEB - 9 1978

APPROVED BY: W. A. Gressett
 SUPERVISOR, DISTRICT II

TITLE

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 conditions. Separate Forms C-104 must be filed for each pool in multiple completed wells.