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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-11
Effective 1-1-55

Operator CONOCO INC.	
Address P. O. Box 460, Hobbs, N.M. 88240	
Reason(s) for filing (check proper box)	
New Well ☐	Change in Transporter or Oil ☐
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Ownership ☐	Overhead Gas ☐ Condensate ☐
Other (Please explain) To correct name of authorized transporter of Oil	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name McAllint Batt. 1	Well Name (Pool Name, including Formation) 8 Maljamar G-SA	Kind of Lease State (Federal) Free LC-060 329	Lease No.
Location			
Unit Letter I	1980	Feet From The S	Line and 660
Line of Section 17		Township 17-S	Range 32-E
		N.M.P.M.	Lea
		County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) Artesia - New Mexico		
Name of Authorized Transporter of Overhead Gas ☐ or Dry Gas ☐ Conoco Inc. Maljamar Pool No. 60	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197 Houston Texas		
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 17	Twp. 17S
	Range 32E	Is gas actually connected? Yes	When N/A

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 Depth	Diff. Depth
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RAB, 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			

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.

John R. Anderson
(Signature)
FOR Administrative Supervisor
(Title)
NOV 20 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]*, 19
BY *John R. Anderson*
TITLE *Geologist*

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