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U.S.G.S.

LAND OFFICE

TRANSPORTER — OIL / GAS

OPERATOR

PRORATION 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-111
Effective 1-1-65

I.

Operator: Conoco Inc.

Address: P.O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well — Change in Transporter of: Oil — Dry Gas — Condensate —

Recompletion — Oil — Casinghead Gas — Dry Gas —

Change in Ownership — Casinghead Gas — Condensate —

Other (Please explain): Change of corporate name from Continental Oil Company effective July 1, 1979.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: MCA Unit — Well No.: 70 — Pool Name, Including Formation — Kind of Lease: State, Federal or Fee — Lease No.: LC-029509(c

Location

Unit Letter J — 1980 Feet From The S Line and 1980 Feet From The E

Line of Section 21 — Township 17-S — Range 32-E — NMPM — Lea 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 Casinghead 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

Oil Well — Gas Well — New Well — Workover — Deepen — Plug Back — Same Pool — Diff. Reserv.

Designate Type of Completion – X

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

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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/MCF — Gravity of Condensate

Testing Method (pitot, 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.

(Signature)

Division Manager
(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED — , 19

BY

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 multiply

NMOCD (5) USGS (2) PARTNERS FILE