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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-110
Effective 1-1-65

Operator: CONOCO INC.

Address: P. O. Box 460, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Other (Please explain) TO correct authorized Transporter of oil

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
MCA Batt 3	85	Maljamar G-SA	State Fed. Fee	LC-058395

Unit Letter Ø, 660 Feet From The S Line and 1980 Feet From The E

Section 22 Township 17-S Range 32-E NMPM, Lea County

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 Casinghead Gas or Dry Gas: Conoco Inc.

Address (Give address to which approved copy of this form is to be sent): Eastland Unit No. 60 P.O. Box 1226 Maljamar, NM

If well produces oil or liquids, give location of tanks: Unit C, Sec. 27, Twp. 17S, Rge. 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:

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

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

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/MMCF | Gravity of Condensate

Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size

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)

For Administrative Supervisor

(Title)

NOV 20 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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 condition.

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

NMOCC (5) USGS(2) Partners(19) file