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U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL
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OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OIL C-104 and C-11
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
 Re-completion Change in Ownership Condensate

Other (Please explain): **TO correct authorized Transporter of oil**

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name **MCA Cat 3** Section **17B Maljamar G-SA** State **NM** or Fee **LC-057210** Lease No. _____

Location: Section **J** 1980 feet from the **S** line and **1980** feet from the **E** line of Section **28** Township **17-S** Range **32-E** T14PM, **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 Gas or Dry Gas
Conoco Inc. Address (Give address to which approved copy of this form is to be sent) **Gasoline Plant No. 60 P.O. Box 1206, Maljamar, NM**

If well produces oil or liquids, give location of tanks. **C-27 17S 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 as last Diff. Reatv.

Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ F.B.T.D. _____

Elevations (OP, FKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil, Gas, Dry _____ 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 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-BBlts. _____ Gas-MCF _____

GAS WELL

Actual Prod. Test-MCF/D _____ Length of Test _____ Vbls. Condensate/MMCF _____ Gravity of Condensate _____

Testing Method (pilot, back prod.) _____ 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.

OIL CONSERVATION COMMISSION
APPROVED **NOV 20 1979**, 19 _____
BY **Dr. R. Runyan**
TITLE **Geologist**

J. H. R. Adams

Administrative Supervisor

NOV 20 1979

(Date)

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.

Nmoco (S) uses sec. Part 1104 (19) file