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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-110  
Effective 1-1-65

Operator Conoco Inc.		
Address P.O. Box 460, Hobbs, New Mexico 88240		
Reason(s) for filing (check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change of corporate name from Continental Oil Company effective July 1, 1979.
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name MCA Unit	Well No. Pool Name, including Formation 169 7	Kind of Lease State, Federal or Fee	Lease No. LC-029410
Location (a)			
Unit Letter L	1980 Feet From The S	Line and 660	Feet From The W
Line of Section 29	Township 17-S	Range 32-E	NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 Res'v.	Diff. Res'v.
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 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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

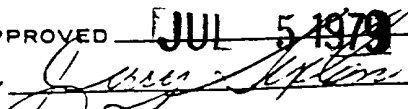
VI. CERTIFICATE OF COMPLIANCE

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.

  
Division Manager  
(Title)  
6/6/79  
(Date)

NMOCD (5) 1545 (2) PARTNERS FILE

OIL CONSERVATION COMMISSION

APPROVED JUL 5 1979, 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 completed wells.

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JUN 15 1979

OIL CONSERVATION COMM.  
BOBBS. N. M.



**LTR**



**Job separation sheet**



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved:  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

**LC 029410(a)**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ **Water Injection**

2. NAME OF OPERATOR  
**Continental Oil Company**

3. ADDRESS OF OPERATOR  
**P. O. Box 460, Hobbs, NM 88240**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

**1980' FSL and 660' FWL of Sec 29**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

**3912' df**

7. UNIT AGREEMENT NAME

**MCA**

8. FARM OR LEASE NAME

**MCA Unit**

9. WELL NO.

**169**

10. FIELD AND POOL, OR WILDCAT

**Mali' G-SA Repress**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

**Sec 29 T-17S R-32E**

12. COUNTY OR PARISH

**Lea**

13. STATE

**NM**

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

FULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Mixed and pumped 75 sacks Class C Cement.  
Tapped Cement @ 2216'. Drilled to 2306'. Set  
BP @ 2541' and shut off water flow. Located  
hole in 7" casing between 1798'-1829'. Set pkr  
at 3350' and pumped in 100 sacks Class C cmt.  
Drilled hard cmt 3350'-3426'. Set OH BP @ 3745'  
and spotted 2 1/2 sacks sand on top. Set 4 1/2" 9.5#  
casing at 3735'. Cemented w/ 325 sacks Class  
C Cement.  
Completed - 2-2-73

18. I hereby certify that the foregoing is true and correct

SIGNED

**Robert Gault, III**

TITLE **Admin. Supervisor**

DATE

**3-23-73**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

**ACCEPTED FOR RECORD**

**MAR 20 1973**

**U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO**

\*See Instructions on Reverse Side

USGS-5 FILE

**MCA-3**