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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-105
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 ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Consolidated Cuts ☐ 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 Batt 3	Well Name, Including Location 284 Maljamar G-SA	Kind of Lease State ☒ Federal ☐ Fee	Lease No. 40-057210
Location			
Well Letter E	2615	Feet From Top N	Line and 1295
Line of Section 28	Township 17-S	Range 32-E	County Lea

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) Cortesia, New Mexico
Name of Authorized Transporter of Unseparated Gas ☐ or Dry Gas ☐ Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1206, Maljamar, NM
If well produces oil or liquids, give location of tanks. C 27 17S 32E	Is gas actually connected? When Yes 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	Recovery	Deepen	Plug & Seal	Shut-In	Well Rest'd
Date Spudded	Date Comp. Ready to Prod.	Total Depth	F.B.T.D.					
Flowing (DF, NAB, RI, GH, etc.)	Name of Producing Formation	Top Oil, Gas Layer	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 fluid 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-MMCF

GAS WELL

Actual Prod. Test-MMCF/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

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]
Administrative Supervisor

NOV 20 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]*, 19

BY *[Signature]*
Geologist

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 multiple completed wells.

Nmoco (5) 4565 (2) 19