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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
Revised 7-1-58

I. Operator

Conoco Inc.

Address

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

Reason(s) for filing (Check proper box)

New Well ☐ Change of Transporter (Other) ☐
Recompletion ☐ Change of Operator ☐
Change in Ownership ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: 293 Maljamar G-SA Well No.: — Pool Name, Including Formation: — Kind of Lease: — Lease No.: LC-029410(a)

Unit Letter: K Feet From The: 1345 Line: S Feet From The: 1345 Line: W

Section: 29 Township: 17S Range: 32E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: X Navajo Pipeline Company Address (Give address to which approved copy of this form is to be sent): N. Freeman Ave, Artesia, NM

Name of Authorized Transporter of Casinghead Gas or Dry Gas: X Continental Oil Co. Gas Inc Plant No 60 Address (Give address to which approved copy of this form is to be sent): P.O. Box 1006, Maljamar, NM

If well produces oil or liquids, give location of tanks: Unit Letter: O Sec.: 28 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: —

IV. COMPLETION DATA

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/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.

(Signature)
Division Manager
(Title)
6-6-79
(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

NOTICE: 1) USGS (2) PARTNERS FILE