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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 is
effective 1-1-55

I. OPERATOR

CONOCO INC.

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

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter ☐ Other (Please explain) To correct authorized
Recompletion ☐ Oil ☐ Dry Gas ☐ Transporter of oil
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name MCA Batt 3 Well Name and Number, including Formation 345 Maljamar G-SA Kind of Lease Leasehold Lease No. LC-029509(B)

Location

Unit Letter J 2515 Feet From The S Line and 1345 Feet From The E Line

Section 22 Township 17-S Range 32-E N.M.M. Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company Artesia, New Mexico

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Conoco Inc. Gasoline Plant No. 60 P.O. Box 1206, Maljamar, NM

If well produces oil or liquids, give location of tanks. Unit C Sec. 27 Twp. 17S Rng. 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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Pattern	Diff. Pattern
Date completed	Date Comp. Ready to Prod.	Total Depth	F.M.T.D.					
Elevations (F.F., R.M., B.T., 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			

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 oil table 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	Testing 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 (pilot, back pr.)	Testing 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.

J. R. Anderson
(Signature)

Administrative Supervisor

(Title)

NOV 20 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY J. R. Anderson

TITLE Supervisor

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

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

nmoco (S) 456522) Partnership file