

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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator **Conoco Inc.**

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

Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership Change in Transporter of: Oil Castinthead Gas Dry Gas Condensate Other (Please explain) **Change of corporate name from Continental Oil Company effective July 1, 1979.**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Pearl B** Well No. **5** Pool Name, including Formation **Maljamar (G-2A)** Kind of Lease **LC058697 (b)** Lease No. _____

Location Unit Letter **M** **660** Feet From The **S** Line and **760** Feet From The **W** Line of Section **25** Township **17-S** Range **32E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate **Navajo Crude Oil Purchasing** Address (Give address to which approved copy of this form is to be sent) **North Freeman Ave. Artesia, NM**

Name of Authorized Transporter of Castinthead Gas or Dry Gas **Conoco Inc. Maljamar Plant #60** Address (Give address to which approved copy of this form is to be sent) **Box 2197 Houston, TX**

If well produces oil or liquids, give location of tanks. Unit **N** Sec. **25** Twp. **17** Rge. **32** Is gas actually connected? **yes** When **9-21-77**

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 Restv.	Diff. Restv.
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 (pilot, 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.

J. M. Menpasa
 (Signature)
 Division Manager

SEP 21 1979
 (Date)

NMOCD (5)

OIL CONSERVATION COMMISSION

APPROVED **OCT 11 1979**, 19 _____

BY *Jerry Septon*
 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.

RECEIVED
SEP 27 1977
O.C.D. HOBBS, OFFICE