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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-
Effective 1-1-55

Operator Conoco Inc.	
Address P.O. Box 460, Hobbs, New Mexico 38240	
Reason(s) for filing (check proper box)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐
Change in Ownership ☐	Casinghead 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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name East E-K Unit- 2000	Well No. Pool Name, including Formation 6 E-K Queen, East	Kind of Lease State, Federal or Free	Lease No. E-3072-3
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>S</u> Line and <u>660</u> Feet From The <u>East</u>			
Line of Section <u>22</u> Township <u>18-S</u> Range <u>34-E</u> , NMFM, <u>lea</u> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-New Mexico <u>Aspetine Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510, Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ <u>Conoco Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1206, Maljamar, N.M.</u>
If well produces oil or liquids, give location of tanks.	Unit <u>660</u> Sec. <u>34</u> Twp. <u>18</u> Rge. <u>34</u> Is gas actually connected? <u>Yes</u> When <u>July 1, 1979</u>

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	Workover	Deepen	Plug Back	Same Reservoir	Drill Res
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				

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
able 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

I. 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]
(Signature)
Division Manager
(Title)
6-11-79
(Date)

NMOCDC (5)

USGS(2) PARTNERS

OIL CONSERVATION COMMISSION

JUL 17 1979
APPROVED _____, 19____
BY [Signature]
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 deeper
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a
able 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 conditi

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