

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

Conoco Inc.

Address

P.O. Box 460 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

Test Allowable
Other (Please explain) We request permission to commingle 500 bbls from the Bowers 7-Rivers with the Hobbs Drinkard at the State A-33 Battery.

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name State A-33	Well No. 11	Pool Name, Including Formation Bowers Seven Rivers	Kind of Lease State, Lease St.	Lease No. B-2656
Location Unit Letter <u>G</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>33</u> Township <u>18S</u> Range <u>38E</u> , NMPM, <u>Lea</u> County				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2587, Hobbs NM 88240					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa TX 79762					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 33	Twp. 18S	Rge. 38E	Is gas actually connected? Yes	When 11-4-81

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 Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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 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 (flow, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Gene A. Her
(Signature)

Administrative Supervisor

(Title)

11-24-81

(Date)

OIL CONSERVATION DIVISION

APPROVED *[Signature]*, 19BY *[Signature]*TITLE *[Signature]*

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 Form C-104 must be filed for each pool in multiply completed wells.