

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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 O.C. 104 and C-107
Effective 1-1-65

I. OPERATOR

Operator Conoco Inc.

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

Reason(s) for filing (check proper box) Other (Please explain)

New Well ☐ Change in Transporter of: ☐ Change of corporate name from Continental Oil Company effective July 1, 1979.

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Ownership ☐ Discontinued Gas ☐ Condensate ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State GG-30 Well No./ Pool Name, Including Formation 3 Goodwin Drinkard Kind of Lease State, Federal or Fee Lease No. E-6581

Location

Unit Letter N 660 Feet From The S Line and 1650 Feet From The W

Line of Section 30 Township 18 Range 37 N.M.P.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) Texas-New Mexico Pipeline Co. Box 1510, Midland, Texas

Name of Authorized Transporter of Gas/Dry Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Corp. Box 67, Monument, N.M.

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

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 Resist. ☐ Oil Resist.

Date Spudded _____ Date Comp., Ready to Prod. _____ Total Depth _____ F.B.T.D. _____

Elevations (DF, RAB, 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.

[Signature]
(Signature)
Division Manager
(Title)
6-18-79
(Date)
NMOCD (5) FILE

OIL CONSERVATION COMMISSION

APPROVED JUL 1979, 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 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 are to be filed 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

JUN 21 1979

OIL CONSERVATION COMM.
HONOLULU