

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State H-35	Well No. 7	Pool Name, including Formation Vacuum Glorieta	Kind of Lease State, Federal or Fee B-3196	Lease No.
Location				
Unit Letter B	: 660	Feet From The North	Line and 1780	Feet From The East
Line of Section 35	T. and R. 17S	Range 34E	N.M.P.M.	Lea
County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Mobil Pipeline Company	P. O. Box 633, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company GPB Gas Corporation	4001 Penbrook St., Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	B 35 17S 34E
Is gas actually connected?	When
Yes	2-22-86

If this production is commingled with that from any other lease or pool, give commingling order number: PC-165

COMPLETION DATA

Designate Type of Completion - (X)	Oil well <input checked="" type="checkbox"/> Gas well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Reelv. <input type="checkbox"/> Diff. H. <input checked="" type="checkbox"/>		
Date Spudded 2-6-63	Date Compl. Ready to Prod. 2-22-86	Total Depth 12,413'	P.B.T.D. 6310'
Elevations (DF, RKB, RT, GR, etc.) 4056' DF	Name of Producing Formation Vacuum Glorieta	Top Oil/Gas Pay 5899'	Tubing Depth 5950'
Perforations 5899' - 6029'	Depth Casing Shoe 12,413'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	375'	375 Sx
12-1/2"	9-5/8"	4950'	300 Sx
8-3/4"	7"	12,413'	1750 Sx
	2-7/8"	5950'	

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 -
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2-19-86	Date of Test 3-12-86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 154	Oil - Bbls. 42	Water - Bbls. 112	Gas - MCF 142

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, bore pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

OIL CONSERVATION DIVISION

APPROVED APR 30 1986, 19BY Eddie W. SeayTITLE Oil & Gas Inspector

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

If this is a request for allowable for a newly drilled or deep-
well, this form must be accompanied by a tabulation of the device
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-
er, well name or number, or transporter, or other such change of conditions.

Administrative Supervisor

April 28, 1986

(Date)

RECEIVED
APR 29 1986
J. E. P.
BIOLOGICAL CENTER