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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-110
Effective 1-1-65

I. Operator
CONOCO INC.
Address
P. O. Box 460, Hobbs, N.M. 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Formerly in Eunice Monument (A-SA) Pool

If change of ownership give name and address of previous owner

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 3/1/80

UNLESS AN EXCEPTION TO R-1070
OBTAINED FROM U.S.D.S.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Reed A-3	Well No. 4	Pool Name, Including Formation Eunice Yates 7 Rrs. Queen	Kind of Lease State (Federal) or Fee NM 1150	Lease No.
Location Unit Letter P ; 660 Feet From The S Line and 660 Feet From The E Line of Section 3 Township 20S Range 36E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Arco Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) Hobbs, NM			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) Box 67, Monument, NM			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 3	Twp. 20	Rge. 36
Is gas actually connected?		When		
No				

If this production is commingling 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 Res'v.	Diff. Res'v.
						X		X
Date Spudded NA	Date Compl. Ready to Prod. 5-31-80	Total Depth 3889'	P.B.T. 3870					
Elevations (DF, RKB, RT, GR, etc.) 3611 DF	Name of Producing Formation Eunice Queen	Top Oil/Gas Pay 3400'	Tubing Depth 3728'					
Perforations 3400' - 3717'			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	10 3/4"	272'	250
8 3/4"	7 5/8"	1278'	425
7 7/8"	5 1/2"	3889'	405
	2 7/8"	3728'	

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 5-31-80	Date of Test 6-9-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 45	Casing Pressure 100 #	Choke Size open
Actual Prod. During Test 43	Oil - Bbls. 16	Water - Bbls. 27	Gas - MCF 273

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Jane A. Weir
(Signature)
Administrative Supervisor

JUN 17 1980

(Date)

NMOC-5 usgs-2 File-1

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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.