	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Dis G-104 and G-11 Effective 1-1-55
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		GAS
1.	OPERATOR I PRORATION OFFICE	·		
	Conoco Inc.			
	Alaress P.O. Box 460, Hobbs, New Mexico 88240			
	Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership		Cther (Please explain) Change of corpor Continental Oil	ate name from Company effective
	If change of ownership give name			
п.	DESCRIPTION OF WELL AND	Aeri No.: Pool Name, Including F.		
	Souderson A 2 Eunice Monument (G-SA) State, Federal or Fee 10031622(Location Unit Letter J: 2310 Feet From The S Line and 1980 Feet From The E			
	Line of Section // Tox	vinship 20 Ranae	36, NMPM, Lea	County
Ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cll Z or Condensate Address (Give address to which approved copy of this form is to be sent)			
	ARCO PIPE/Me Co Name of Authorized Transporter of Car	singneed Gas 🔀 or Dry Gas 🧮	Box 1190, Midland, Texas Address i Give address to which approved cody of this form is to be sent)	
	Warren Petroleur	Lint Sec. Twp. Pge.	Box 1589 Tul	sa, Oklahoma
	If well produces oil or liquids, give location of tanks.			
137		th that from any other lease or pool,	give commingling order number:	
17.	COMPLETION DATA Designate Type of Completion	Oii Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Ditf. Resty
	Designate Type of Completit	Date Compi. Reaay to Proa.	Total Depth	P.B.T.D.
		A Desider Francisco	Top Oll/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	105 On/Sds Pdy	
	Perforations Depth Casing Shoe			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)			
	OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas in	ift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Cheke Size
	Actual Prod. During Test	C41-3b1s.	Water-Bols.	Gas - MCF
	GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
			Casing Pressure (Shut-in)	Choke Size
	Testing Mothod (pitot, back pr.)	Tubing Pressure (shut-in)	•	
VI.	CERTIFICATE OF COMPLIAN		JUL1	6 1979
	Commission have been complied y	regulations of the Oil Conservation with and that the information given best of my knowledge and belief.		iptan
		A start and a start and a	District Sup	ervisor
	Dra.		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 allow- able 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.	
	H. Man	allon		
		n Manager		
	(Ti 613	11e)		
	NMOCD (5) (Da	MFUCH		
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JUN 2 5 1979 OIL CONSERVATION COMM. HOBBS. N. N.

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