	DISTRIBUTION SANTA FE		CNSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-55
	U.S.G.S.	`. AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL G	
	TRANSPORTER GAS I			
1.	PRORATION OFFICE			
	Conoco Inc.			
	P.O. Box 460, Hobbs, New Mexico 88240 Reason(s) for tiling (Check proper box) Other (Please explain)			
	New Well Recompletion Change in Ownership.	Change in Transporter of: Cit		
	If change of ownership give name and address of previous owner			
и.	DESCRIPTION OF WELL AND I	EASE	ormation Kina of Lease	e Lease No.
	Souderson A Location	6 Eunice Moni	- 1	
	Unit Letter M: 99	5 Feet From The S Lin	se and 990 Feet From T	The W
	Line of Section // Tow	mship 20 Range	36 , NMPM, Lea	County
ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cit X or Congensate Address (Give address to which approved copy of this form is to be sent)			
	Arca Pipeline C	or Dry Gas	Midland Which approx	ea copy of this form is to be sent)
	_	'eum Corp.		Isa OKlahoma
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en /
IV	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	
.,,	Designate Type of Completion		New Well Workover Deepen	Plug Back Same Restr. Dtil. Restr.
	Date Spudged	Date Compi. Ready to Ptod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
		·	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	5011111301	
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil epth or be for full 24 hours)	i and must be equal to or exceed top allow
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas ii,	ft, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actua, Prod. During Test	C11 - Bb1s.	Water-Bbls.	Gas - MCF
	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		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and a Commission have been complied v	with and that the information given	li	liklan
	above is true and complete to the	best of my knowledge and belief. • • • • • • • • • • • • • • • • • • •	BY District Sups	ervisor

Division Manager

(Title)

NMOCD (5) USGS(3) NMFUCY) FILE

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

Affithis 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.

Fill out only Section of this form must be filled out completely for allowable of new and recompleted wells.

Fill out only Section 17. III. not 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 weils.



JUN 2 5 1979
OIL CONSERVALIBLE COMM.
HOBBS. N. M.