DISTRIBUTION NEW MEXICO CIL CONSERVATION COMMISSION SANTA FE REQUEST FOR ALLOWABLE Supersedes O.3 C-104 and C-11 Effective 1-,-25 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE) ا TRANSPORTER L SAS OPERATOR PROBATION OFFICE Secutor Conoco Inc. Auress P.O. Box 460, Hobbs, New Mexico 33240 Reasons) for filing (Check proper box) Otner (Please explain) New Well Change in Transporter of: Change of corporate name from Recompletion Dry Gas Continental Oil Company effective Change in Ownership Distribedd Gas Contensate July 1, 1979. If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Pec, Name, including Formation Lease Name Kind of Lease _erse .ic Sanderson State, <u>Pederal</u> or Fee Eurice Monument (6-SA) LC 03/622/a Location Feet From The 3 G Rance NMEM ea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of CII 🔀 Aggress (Give address to which approved copy of this form is to be sent) or Condensate Pipeline Authorized Transporter Co. exas ter of Casingnead Gas or Dry Gas Corp If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Same Resty. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Cil/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 (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) OIL WELL 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 Prog. During Test Water - Bols. CII-Bala. Gas - MCF GAS WELL Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Choke Size

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

OIL CONSERVATION COMMISSION

Casing Pressure (Shut-in)

I hereby certify that the rules and regulations of the Oil Conservation

Tubing Pressure (Shut-in)

APPROVED District Supervisor TITLE

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

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

midde (Signature) Division Manager

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-

(Title)

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.

NMOCD (5) USGS(2) NMFUCY) FILE

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JUN 2 5 1979
OIL CONSERVATION COMM.
NOBBS. N. M.