

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

|                       |     |
|-----------------------|-----|
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| SANTA FE              |     |
| FILE                  |     |
| U.S.O.S.              |     |
| LAND OFFICE           |     |
| TRANSPORTER           | OIL |
|                       | GAS |
| OPERATION             |     |
| PRODUCTION OFFICE     |     |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator  
Conoco Inc.

Address

P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

|                     |                          |                           |                                     |
|---------------------|--------------------------|---------------------------|-------------------------------------|
| New Well            | <input type="checkbox"/> | Change in Transporter of: |                                     |
| Recompletion        | <input type="checkbox"/> | Oil                       | <input checked="" type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/>            |
|                     |                          | Dry Gas                   | <input type="checkbox"/>            |
|                     |                          | Condensate                | <input type="checkbox"/>            |

Other (Please explain)

Request temporary approval to change transporter until Texas New Mexico Pipeline get lines repaired and back on.

If change of ownership give name and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

|                 |          |   |                                  |                   |
|-----------------|----------|---|----------------------------------|-------------------|
| Lease Name      | Well No. | Pool Name, including Formation                          | Kind of Lease                    | Lease No.         |
| State AC Com.   | 3        | Eunice Monument GSA                                     | State, Federal or Fee B-1533 1/2 |                   |
| Location        |          |   |                                  |                   |
| Unit Letter     | D        | 660 Feet From The North Line and 660 Feet From The West |                                  |                   |
| Line of Section | 30       | Township 19S  | Range 37E                        | County, NMPM, Lea |

## 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) |      |      |      |                            |      |
| Conoco Inc. Surface Transportation   | P. O. Box 2587, Hobbs, New Mexico 88240                                  |      |      |      |                            |      |
| 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) |      |      |      |                            |      |
| Warren Petroleum   | P. O. Box 67, Monument, New Mexico 88265                                 |      |      |      |                            |      |
| If well produces oil or liquids, give location of tanks.   | Unit   | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|  | N  | 30   | 19S  | 37E  | Yes                        | NA   |

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

## COMPLETION DATA

|                                    |                             |          |                 |          |        |                   |             |          |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|----------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v. | Diff. H. |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |             |          |
| Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |             |          |
| Perforations                       |                             |          |                 |          |        | Depth Casing Shoe |             |          |

## TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

## 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 10% of total volume of load oil for this depth or be for full 24 hours)

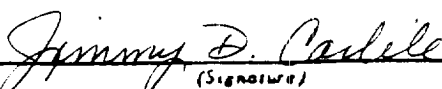
|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

## GAS WELL

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



(Signature)

for Administrative Supervisor

(Title)

December 18, 1984

(Date)

## OIL CONSERVATION DIVISION

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 deeper 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 well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in multi-

RECEIVED

DEC 19 1984

O.C.D.  
HOBBS OFFICE