## -0. OF COPIES PECEIVED NEW MEXICO OIL CONSERVATION COMMI Form C - 1.34 DISTRIBUTION Superseaes Cid C-104 and C-1 REQUEST FOR ALLOWABLE SANTA FE Effective 1-1-55 AND FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS J.S.G.5. LAND OFFICE 016 TRANSPORTER GAS OPERATOR PRORATION OFFICE certifor 1 Conoco Inc. Address 83240 P.O. Box 460, Hobbs, New Mexico Other (Please explain) Reasonss) for filing (Check proper 502) Change of corporate name from Change in Transporter of: New Well Continental Oil Company effective Dry Gas $\subset \Pi$ Recompletion July 1, 1979. Condensate Casingheiri Gas Change in Ownershipt If change of ownership give name and address of previous owner \_\_\_ DESCRIPTION OF WELL AND LEASE en No., Pool Hame, Including Formation Lease Name State, Federal or Fee Evice-Monument (G-SA) Britt Location 660 Feet From The \_ Unit Letter 7 E 3 20 Range 4 Line of Section AND NATURAL GAS TRANSPORTER OF OIL DESIGNATION OF Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of \$ Midlan Texas Address (Give address to which approved cop Monument Box 67 osp. Warren Is gas actually connected? P.ge. Twp. If well produces oil or liquids, give location of tanks. If this production is commungled with that from any other lease or pool, give commungling order number: Same Restv.; Diff. Rest COMPLETION DATA Flug Back Oli Weli Gas Weli New Well Norkover Designate Type of Completion = (X)P.S.T.D. Date Compt. Reday to Prod. Total Depth Date Spudded ubing Depth Name of Producing Formation Top CII/Gas Pay Elevations (DF, RKB, RT, CR, etc., Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas ilft, etc.) Date First New Cil Run To Tanks Date of Test Cheke Size Casing Pressure Tubing Pressure Length of Test Water-Bbis. Gas - MCF Ci. - Bbis. Actual Prod. During Test

GAS WELL Gravity of Condensate Longth of Test Bbls. Condensate/ MMCF Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Tuping Pressure (Shut-in) Testing Method (publ., back pr.)

## I. CERTIFICATE OF COMPLIANCE

NMOCD (5)

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.

Milliansson
(Signature)
Division Manager

(Title)

US65 (3) NMFU(4) FILE OIL CONSERVATION COMMISSION

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LC 0 316

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APPROVED
BY Strap X 1000
TITLE District Supervisor

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

If this is a request for allowable for a newly drilled or deepene 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 owne well name or number, or transporter, or other such change of conditio

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