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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator CONOCO INC.
Address P.O. Box 460, HOBBS, NM. 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of: ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
CASINGHEAD GAS MUST NOT FLARE AFTER 10/1/79 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>STATE KP-13</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>EUMONT YATES SEVEN RIVERS QUEEN</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>E 1355</u>
Location Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line of Section <u>13</u> Township <u>19-S</u> Range <u>36-E</u> , NMPM, <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>CONOCO INC. SURFACE TRANSPORTATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>HOBBS, NM</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NORTHERN NATURAL</u>	Address (Give address to which approved copy of this form is to be sent) <u>HOBBS, NM</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>13</u>	Twp. <u>19S</u>	Rge. <u>36E</u>	Is gas actually connected? <u>NO</u>	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res't.	<input type="checkbox"/> Diff. Res't.v.
Date Spudded <u>5-25-79</u>	Date Compl. Ready to Prod. <u>6-19-79</u>		Total Depth <u>3970'</u>		P.B.T.D. <u>3930'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3930 GR</u>	Name of Producing Formation <u>PENROSE</u>		Top Oil/Gas Pay <u>3686'</u>		Tubing Depth <u>3</u>			
Perforations <u>3686', 46, 3700, 04, 09, 16, 21, 27, 31, 36, 45, 55, 66, 71, 78, 83, 88, 3800, 08, 18, 22, 27, 46, 52, 80, 83, 3900, 05.</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>1400'</u>		<u>475</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>4000'</u>		<u>660</u>			
	<u>3 1/2"</u>		<u>3915'</u>					

V. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>6-19-79</u>	Date of Test <u>7-13-79</u>	Producing Method (Flow, pump, gas lift, etc.) <u>FLOW</u>	
Length of Test <u>24 HRS.</u>	Tubing Pressure <u>95 PSI</u>	Casing Pressure <u>240 PSI</u>	Choke Size <u>30/64"</u>
Actual Prod. During Test	Oil - Bbls. <u>14</u>	Water - Bbls. <u>11</u>	Gas - MCF <u>540</u>

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

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.

Wm A. Butterfield
(Signature)
Area Supv.
(Title)
8-1-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 10 1979, 19____
BY John W. Runyan
TITLE Geologist

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 allowable 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.