## 49- 0F C3PIES BECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISS Form C-134 SANTA FE REQUEST FOR ALLOWABLE Supersedes Oli C-104 and C-1: Effective 1-1-55 FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE TRANSPORTER ! GAS OPERATOR PRORATION OFFICE Operator Conoco Inc. Address P.O. Box 460, Hobbs, New Mexico 83240 Reasonss) for tiling (Check proper bax) Other (Please explain) Change of corporate name from Continental Oil Company effective Dry Gas Recompletion OHChange in Cwnership Casinghead Gas Condensate July 1, 1979. If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Name, Inclusing Formation Lease State, F<u>ederal or</u> Fee Glorieta Kaiggs 03/6201 Unit Letter Line of Section Range Les TRANSPORTER OF OIL AND NATURAL GAS consporter of Cil or Condensate III. DESIGNATION OF Ensporter of Cil 🕢 Address (Give address to which approved copy of this form is to be sent) Name of Authorized T <u>B</u>8X 510 or Dry Gas Monum 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 Workever Designate Type of Completion - (X) Date Compi. Ready to Ptod. Total Depth P.B.T.D Elevations (DF, RKB, RT, GR, etc.)Name of Producing Formation Top Oll/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

(Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		1
Length of Test	Tubing Pressure	Casing Pressure	Choke Siza	
Actual Prod. During Test	O11-361a.	Water-Bhis.	Gas - MCF	

GAS WELL

Actual Prog. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pirot, 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,

(Signature) Division Manager

(Ti:le)

NMOCD (5) USGS(2) NMFU(4)

FILE

OIL CONSERVATION COMMISSION

APPROVED BY District Supervisor TITLE.

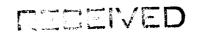
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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.



JUNE 5 1979
CIL CONCERVATION COMM.
NULLS, N. M.