		· <b>~</b>		
٦	NO. OF COPIES RECEIVED		1	
-				
-	DISTRIBUTION	NEW MEXICO OIL CO	SMC	
	SANTA FE	REQUEST	FOF	
L	FILE	; -	Al	
	U.S.G.S.	AUTHORIZATION TO TRA	NSF	
1	LAND OFFICE	7,0,110,112,11,1011,1011,10		
-	OIL	4		
	TRANSPORTER GAS			
}		1		
-	OPERATOR			
1.	PRORATION OFFICE			
	Operator			
	CONOCO I	NC.		
ŀ	Address			
	P. O. Box 46	0, Hobbs, N.M. 88240		
-	Reason(s) for filing (Check proper box,	1		
		Change in Transporter of:		
ļ	New Well			
-	Recompletion	Otl Dry Ga	s	
	Change in Ownership	Castrighead Gas Conden	sate	
1	If change of ownership give name and address of previous owner			
11	DESCRIPTION OF WELL AND	I TAST		
11.	Lease Name	Well No. Pool Name, Including Fo	orma	
!		in 70 Wein Drin	سا	
į,		ir 10 weir brin	K	
	Location	V 3		
1	Unit Letter 1 : 198	Feet From The South in	e an	
1			_	
	Line of Section / 5 Tox	wnship $20$ Range $_{ m c}$	3	
Į	Line of Section 70	whomp 20 Italiya		
		mon on our axio statistical	c	
11.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	
	Name of Authorized Transporter of Cil	or Condensate	Ad	
į	ARCO Pagli	ne.	1	
	Name of Authorized Transporter of Car	strahead Gas 🔀 or Dry Gas 🗔	142	
	of Paso Natural Ga	_ <i>0</i> .	3	
	warren Petroleum	Unit Sec. Twp. Rge.	Is	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	'	
	give location of tanks.	<u> </u>		
	Designate Type of Completic	Date Compl. Ready to Prod.	Т	
	Elevations (DF, RKB, RT, CR, etc.,	Name of Producing Formation	T	
	, , , =,,,			
	Perforations	1		
		TUBING, CASING, ANI	<u>D</u> C	
	HOLE SIZE	CASING & TUBING SIZE		
			+	
			+	
			ш	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a		
	OIL WELL	able for this at	<del></del>	
	Date First New Cil Run To Tanks	Date of Test	P:	
	Length of Test	Tubing Pressure	C	
			ļ	
	Actual Prod. During Test	Oil-Bbls.	w	
	Actual Prod. Daring 1991	<b>3 2</b>		
			Ш.	
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	В	
	The state of the s	Tubing Pressure (Shut-in)	- <del> </del> c	
	Testing Method (pitot, back pr.)	. and . tonama ( ottone-wa )	]	
			-	
VI.	CERTIFICATE OF COMPLIANCE			
	CERTIFICATE OF COMPERATOR			
	I hereby certify that the rules and regulations of the Oil Conservation			
	Commission have been complied	with and that the information given	- 11	
	above is true and complete to the	ne best of my knowledge and belief.	H	
	•		-	
	, , ,			
	/5 N //			
	Bon A. lee	notice 1		
	(Sig	nus of C /	- 11	

## SERVATION COMMISSION R ALLOWABLE

ND

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

PORT OIL AND NATURAL GAS

Reason(s) for filing (Check proper box)	,	Other (Please explain)	lasse Name Formerly	
New Well	Change in Transporter of: Oil Dry Gas	SEMU Down	lease Name formerly tand-Tubb	
Recompletion Change in Ownership	Casinghead Gas Condens	[] !		
f change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	I FASF			
Lease Name	Well No. Pool Name, Including For	•		
SEMU-Drinkand. We	in 70 Wein Drin	Kard State, (Fee	dergi) or Fee LC 03/62/6)	
T 199	Feet From The South ine	and 660 Feet Fix	om The East	
Unit Letter : 10				
Line of Section / S Tov	wnship $\mathcal{L}$ Range $\mathcal{L}$	3 , NMFM, 2	ea County	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	5		
Name of Authorized Transporter of Cil		Address (Give address to which ap	proved copy of this form is to be sent)	
ARCO Pipelin	1e	Agatess (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transforter of Cas	singhead Gas 🔀 or Dry Gas 🗀	30 × 3105 midla	i féras	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tanks.				
	th that from any other lease or pool, g	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.	
Designate Type of Completic		Total Depth	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	10.dr Depth		
Elevations (DF, RKB, RT, CR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
			Depth Casing Shoe	
Perforations				
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af able for this de:	ter recovery of total volume of load pth or be for full 24 hours)	oil and must be equal to or exceed top allow-	
OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)	
			Choke Size	
Length of Test	Tubing Pressure	Casing Pressure	Chore dage	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			O) de Sta	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
COMMERCIANE OF COMPANY	ICE	OIL CONSERVATION COMMISSION		
CERTIFICATE OF COMPLIAN	ICE	57 6 1 Q 1070		
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED UP 13/3 19 Orig. Signed by		
Commission have been complied	with and that the information given he best of my knowledge and belief.	BY		
•		    TITLE	Dist 1, Supr	
		1	in compliance with RULE 1104.	
Som A le		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.		
(Sig	nature)			
Administrative Supervisor	Title)	All sections of this formable on new and recomplete	n must be filled out completely for allow- id wells.	
1030	•	Till out only Sections	T IT ITT and WI for changes of owner.	
2 m 2 c 1 (2) US	6'5(2), nm FU(4), Fil	well name or number, or tran Separate Forms C-104	sporter, or other such change of condition. must be filed for each pool in multiply	
HIND CH CD, TOO		completed wells.		