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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-
Effective 1-1-75

I. OPERATOR
Conoco Inc.
Address
P.O. Box 460, Hobbs, New Mexico 88240
Reasons for filing (Check proper box)
New Well ☐ Change in Transporter Oil ☐ Dry Gas ☐
Recompletion ☐ Change in Ownership ☐ Condensate ☐
Other (Please explain)
Change of corporate name from Continental Oil Company effective July 1, 1979.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name
SEMU Eminent
Location
68 Eminent Queen Gas
State, Federal or Fee
LC 0316208
Location
Unit Letter
J 1980 Feet From The
S Line and
1980 Feet From The
E
Line of Section
23 Township
20 Range
37 N.M.P.M.
Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐
Shell Pipeline Co
Address (Give address to which approved copy of this form is to be sent)
Box 1910, Midland, Texas
Name of Authorized Transporter of Gas (Natural Gas) ☐ or Dry Gas ☐
El Paso Natural Gas Co.
Address (Give address to which approved copy of this form is to be sent)
Box 1384, Jal, N.M.
Shell Pipeline Co.
Box 1910, Midland, Texas
Warren Petroleum Corp.
Box 6, Monument, N.M.
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
Designate Type of Completion - (X)
Date Spudded
Date Comm. Ready to Prod.
Total Depth
P.B.T.D.
Elevations (D.E., RKB, RT, GR, 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

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
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 (pilot, 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
Title
6-15-79
Date
NMOCD (5)
USGS(2) NMP(4) FILE
OIL CONSERVATION COMMISSION
APPROVED
BY
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 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 multiple completed wells.

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JUN 25 1979

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RECORDS, S. M.