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TRANSPORTER  
OIL  
GAS  
OPERATOR  
REGISTRATION OFFICE  
REGISTRAR

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-111  
Effective 1-1-55

Address  
Conoco Inc.  
P.O. Box 460, Hobbs, New Mexico 88240  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Disturbed Gas ☐ Condensate ☐  
Other (Please explain)  
Change of corporate name from  
Continental Oil Company effective  
July 1, 1979.  
Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE  
Lease Name  
Sema Permian  
Well No., Pool Name, (including Formation)  
29 Skaggs Grayburg  
Kind of Lease  
State, Federal or Fee  
Lease No.  
CC-031620  
(a)  
Location  
Unit Letter  
74  
1980 Feet From The  
N Line and  
660 Feet From The  
E  
Line of Section  
24 Township  
20-S Range  
37-E NMPM, Lea County

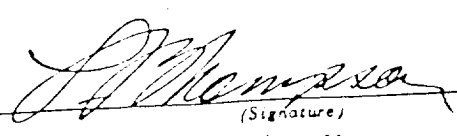
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil  
Shell Pipeline Corporation  
Name of Authorized Transporter of Gasinead Gas  
Warren Petroleum Corporation  
Address (Give address to which approved copy of this form is to be sent)  
Box 1910 Midland, Texas  
Address (Give address to which approved copy of this form is to be sent)  
Box 67 Monument, Texas  
Is gas actually connected?  
When

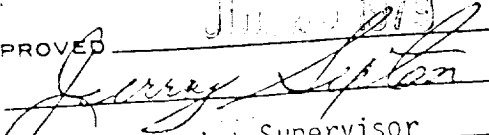
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA  
Designate Type of Completion - (X)  
Date Spudded  
Date Compl. Ready to Prod.  
Total Depth  
P.B.T.D.  
Elevations (IDF, 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) NMFU(4) FILE

OIL CONSERVATION COMMISSION  
APPROVED  
BY   
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 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.