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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

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-11
Effective 1-1-65

Conoco Inc.

Address
P.O. Box 460, Hobbs, New Mexico 88240

Reasons for filing (check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: ☐	Change of corporate name from Continental Oil Company effective July 1, 1979.	
Recompletion ☐	Oil ☐ Dry Gas ☐		
Change in Ownership ☐	Discharge of ☐ Condensate ☐		

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No., Pool Name, including Formation	Kind of Lease	Lease No.
Eumont Hardy Unit	3 Eumont Yates 7 Burs Green	State, Federal or Fee	B-11349
Location			
Unit Letter	Feet From The	Line and	Feet From The
0	660	5	1980
Line of Section			
25	Township	20-5	Range
		37-E	Lea
		NMPM,	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Company	Box 1190 Midland, Texas
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corporation	Box 68 Monument, N. M.
If well produces oil or liquids, give location of tanks.	Unit
	Sec.
	Twp.
	Rge.
	Is gas actually connected? When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, 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 allow able 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.

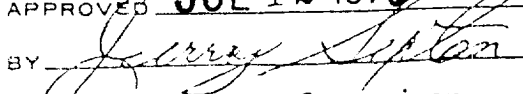

(Signature)

Division Manager

6/11/79
(Date)

NMOC (5)

PARTNERS FILE

OIL CONSERVATION COMMISSION
APPROVED JUL 12 1979
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 allow able 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 multipl. completed wells.