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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-11
Effective 1-1-65

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

I. DESCRIPTION OF WELL AND LEASE	
Lease Name Eumont Hardy Unit	Well No. Pool Name, including Formation 1 Eumont Yates TBrs Green
Kind of Lease State, Federal or Fee	Lease No. B-230
Location Unit Letter M 460 Feet From The S Line and 660 Feet From The W	
Line of Section 25 Township 20-S Range 37-E, NMDM, Lea County	

II. 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 1190 Midland Texas
Name of Authorized Transporter of Gasinead Gas ☒ or Dry Gas ☐ Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 68 Monument, New Mexico
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)	
Date Spudded	Date Compl. Ready to Prod.
Total Depth	P.B.T.D.
Elevations (EF, 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

VI. 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 (prior, 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	
(Date) 6/11/79	
NMOC (5)	
PARTNERS FILE	
OIL CONSERVATION COMMISSION	
APPROVED JUL 17 1979	
BY Jerry S. Lipton	
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 multiple completed wells.	