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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes ONS C-104 and C-11
Effective 1-1-55

I.

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

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No., Pool Name, Including Formation	Kind of Lease	Lease No.
State E	8 Salinas / Yates Gas	State, Federal or Fee	B-1536
Location			
Unit Letter F	1980 Feet From The N Line and 1980 Feet From The W		
Line of Section 17	Township 22	Range 36	County Lea

III. 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)
Texas - New Mexico Pipeline Co.	Box 150, Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co. GPM Gas Corporation	Box 1384, J. Al., N.M.
Phillips Petroleum Co.	Odessa, Texas
If well produces oil or liquids, give location of tanks.	When gas actually connected?
	EFFECTIVE: February 1, 1992

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAS, RT, CR, 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)

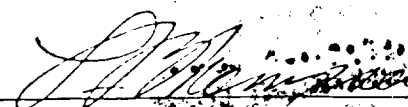
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

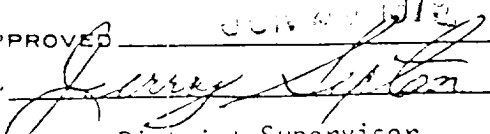
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



(Signature)
Division Manager
(Title)
6-18-79
(Date)

NMOC (5) FILE

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
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.

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JUN 22 1979

OIL CONSERVATION COMM.
HOODS, N. H.