F COPIES RECEIVED	-			
JISTRIBUTION	NEW MEXICO CIL CO		Form C-104	
TAFE	REQUEST F	FOR ALLOWABLE	Superseaes Uit 5-104 and C.	
Ē	5	AND	Effective 1-1-55	
	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	AS	
ND OFFICE				
ANSPORTER OIL				
GAS				
PERATOR				
RORATION OFF CE			<u></u>	
perator				
Conoco Inc.				
.duress	Hobbs, New Mexico 8324	0		
	,	Other (Please explain)		
Reason(s) for filing (Check proper bui	Change in Transporter of:	Change of corpora	te name from	
New Well	Cili Dry Gai			
Recompletion	Castnahead Gas Conden		Sampany errective	
Change in Ownership				
If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·	
DESCRIPTION OF WELL AND	LLANF. Meri No., Fooi Name, including Fr	ormation Kind of Lease	PARC / TAA	
	EUNICE TRUIS (Ducen So. State, Federal	CT Fee PATENTED	
SouthEuniceUnit-Ha				
<u> </u>	60 Feet From The N_Lin	e and lele Feet From T	he <u>E</u>	
Unit Letter ; ;	DU_reet from ineUin			
Line of Section 20 T	ownship 22 Range	36 , NMPM,	Lea County	
Line of Section 20 T.		<u> </u>	20	
DESIGN ATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	is Anjection U	vell	
Name of Ashorized Transporter of C	il Z or Condensate	Address (Gue address to which approv	ed copy of this form is to be sent)	
Taxaa alan Maria	Fine line Co.	Box 1510, Midland	Texas	
Name of Authorized Transporter of C	asingneda Gas X or Dry Bas	Address (Give address to which approv	ea copy of this form is to be sent)	
Petro-Lewis Phillips Petroleum		Midland Fexas		
Warren Petro leum Corp.	Unit Sec. Twp. Ege.	Ts jas actually connected?		
If well produces oil or liquids, give location of tanks.			· · · · · · · · · · · · · · · · · · ·	
	with that from any other lease or pool,	give commingling order number:		
If this production is commingled w COMPLETION DATA	Ath that Hold any other rease of poor,			
	Oli Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Res	
Designate Type of Complet	ion $-(\lambda)$			
Date Spuaded	Date Compi. Reaay to Prod.	Total Deptn	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
			Depth Casing Shoe	
Perforations			Depth Cusing Shoe	
4°				
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			<u>i</u>	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil	and must be equal to or exceed top al	
OIL WELL		epth or be for full 24 hours) Producing Method (Flow, pump, gas li	ft. etc.)	
Date First New Cil Bun To Tanks	Date of Test	Producing Method (r tow, pump, gas to	··· ····	
1			Choke Size	
Length of Test	Tubing Pressure	Casing Pressure		
		Water-Bbls.	Gas - MCF	
Actual Prod. During Test	Cil+Bbls.			
l				
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	ATION COMMISSION	
UERIFICALE OF COMPLIA				
	d regulations of the Oil Conservation	APPROVED	. 19, 19	
	d regulations of the Oil Conservation i with and that the information given		lipton	
above is true and complete to the best of my knowledge and belief.			7.	
		TITLE District Sup	ervisor	
. Ann			compliance with RULE 1104.	
AMA	norsa		muchts for a newly drilled or deeps	
1 H VIUN	- No was			
	ignature)	I tests taken on the well in acco	MOBILED HITLE HE -	
Division Manager		the section of this form must be filled out completely lot all.		

			(Title)	
		6	-15-79	
NMOCD	(5)	USGS(2)	(Date) PARTNERS(21)	FILE

Ł	lests taken on the work and
	is sections of this form must be filled out completely lot of
i	able on new and recompleted weils.
	Fill out only Sections I, II, III, and VI for changes of ow

wner, ittion. well name or number, or transporter, or other such change Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

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JUNIE 5 1979 Gil Concervation Comm. Natur, N. M.