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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL
<input type="checkbox"/> GAS
OPERATOR

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

Form C-104  
 Supersedes OCS C-104 and C-105  
 Effective 1-1-65

**I. PRORATION OFFICE**

Operator Conoco Inc.

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

Reason(s) for filing new proper one Other (Please explain) Change of corporate name from Continental Oil Company effective July 1, 1979.

New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Distillate Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name South Eunice Unit - Parcel 26 Pool Name, including formation Eunice Trvs Queen So. Kind of Lease State, Federal or Fee Lease No. LC 0301336

Location  
 Unit Letter 0 ; 660 Feet From The S Line and 1980 Feet From The E  
 Line of Section 22 Township 22 Range 36 , N.M.P.M. lea County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS** Injection well

Name of Authorized Transporter of Oil  or Condensate \_\_\_\_\_ Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas  
Texas - New Mexico Pipeline Co.  
 Name of Authorized Transporter of Distillate Gas  or Dry Gas \_\_\_\_\_ Address (Give address to which approved copy of this form is to be sent) Eunice, N.M.  
Petro - Lewis  
Phillips Petroleum  
Warren Petroleum  
 If well produces oil or liquids, give location of tanks. \_\_\_\_\_

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 Rest. Diff. Rest.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECCRD			
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)

NMOCD (5)  
 USSS(2) PARTNERS(21) FILE

OIL CONSERVATION COMMISSION

APPROVED JUL 9 1979, 19\_\_\_\_

BY [Signature]  
 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 25 1979

OIL CONSERVATION COMMISSION  
WASHINGTON, D.C.