STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Conoco Inc.

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

Reason(s) for filing (Check proper box)

- New Well
- Recompletion [X]
- Change in Ownership

Change in Transporter of:

- Oil
- Casinghead Gas
- Dry Gas
- Condensate

Other (Please explain)

CASINGHEAD GAS MUST NOT BE FLARED AFTER 1-1-87 UNLESS AN EXCEPTION TO R-8388 IS OBTAINED.

If change of ownership give name and address of previous owner THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State E	10	Langley Strawn R-8388 1-1-87	State, Federal or Fee B-1536	

Location
Unit Letter O : 660 Feet From The South Line and 1980 Feet From The East

Line of Section 17 Township 22S Range 36E NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Company	P. O. Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum (66 Nat. Gas)	4001 Penbrook, Odessa, Texas 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	17	22S	36E	No	

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Res.
	X				X		X	

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-3-79	10-2-86	15,559'	12,600'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3557' GR	Strawn	9171'	9400'
Perforations			**Depth Casing Shoe**
9171' - 9454'			15,559'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	1397'	1210 Sx.
12-1/4"	9-5/8"	6461'	3250 Sx.
8-3/4"	7"	15559'	1435 Sx.
	2-3/8"	9400'	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-3-86	10-21-86	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	220 PSI	0	17/64"
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
324	321	3	525

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 COMPLIANCE

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

(Signature)
Administrative Supervisor
(Title)
November 21, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 25 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

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.