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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-1
Effective 1-1-65

I. Operator
Operator CONOCO INC.
Address PO Box 460, Hobbs, NM 88240
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE E Well No. R-6328 Pool Name, Including Formation 10 LANGLEY ELLENBURGER (GAS) Kind of Lease State, Federal or Fee Lease No. B-1356
Location
Unit Letter O : 660 Feet From The SOUTH Line and 1980 Feet From The EAST
Line of Section 17 Township 22-S Range 36-E , NMPM, LEA County

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)
CONOCO SURFACE TRANSPORTATION PO Box 2587, Hobbs, NM
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. PO Box 1492, EL PASO, TX
WARREN PETROLEUM Co. PO Box 1197, EUNICE, NM
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 17 Twp. 22-S Rge. 36-E Is gas actually connected? yes When 3/14/80

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 Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>10/3/79</u>	Date Compl. Ready to Prod. <u>3/11/80</u>	Total Depth <u>15,599'</u>	P.B.T.D. <u>15,524'</u>					
Elevations (DF, RAB, RT, GR, etc.) <u>3557 GR</u>	Name of Producing Formation <u>ELLENBURGER</u>	Top Oil/Gas Pay <u>15,163</u>	Tubing Depth <u>15,072</u>					
Perforations <u>15,163' - 15,353'</u>	Depth Casing Shoe _____							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>1397'</u>	<u>1210</u>
<u>12 1/4"</u>	<u>9 5/8"</u>	<u>6461'</u>	<u>850</u>
<u>8 3/4"</u>	<u>7"</u>	<u>15,562'</u>	<u>1435</u>
	<u>2 3/8"</u>	<u>15,072'</u>	

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 <u>4566</u>	Length of Test <u>24 hrs</u>	Bbls. Condensate/MCF <u>180</u>	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Flowing</u>	Tubing Pressure (shut-in) <u>1400</u>	Casing Pressure (shut-in)	Choke Size <u>36/64</u>

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.

Jane A. Zier
(Signature)
Administrative Supervisor
MAR 3 4 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 3 1980, 19_____
BY [Signature]
TITLE Director

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 Form C-104 must be filed for each pool in multiple completed wells.

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