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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-11  
Effective 1-1-65

I. Operator  
CONOCO INC.  
Address  
P. O. Box 460, Hobbs, N.M. 88240  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☒ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
DHC Monument Paddock & Tubbs  
Zones as per DHC # 313

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Britt B	Well No. 26	Pool Name, Including Formation Monument Tubbs	Kind of Lease State, Federal or Fee LC-0	Lease No. 816215
Location Unit Letter M ; 660 Feet From The S Line and 660 Feet From The W Line of Section 15 Township 20S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Arco Pipeline	Address (Give address to which approved copy of this form is to be sent) Midland, TX			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) Hobbs			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 15	Twp. 20	Rge. 37
	Is gas actually connected? yes		When 6-2-80	

If this production is commingled with that from any other lease or pool, give commingling order number: DHC 313

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input checked="" type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded NA	Date Compl. Ready to Prod. 6-2-80	Total Depth 6650'
Elevations (DF, RKB, RT, GR, etc.) no change	Name of Producing Formation Monument Tubbs	Tcp Oil/Gas Pay 5158'
Perforations 6438' 6513'		Tubing Depth 6405'
		Depth Casing Shoe 6650'
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE 12 1/4 7 1/4	CASING & TUBING SIZE 8 3/8 5 1/2 2 3/8	DEPTH SET 1250' 4050' 6405'
		SACKS CEMENT 546 1799

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 6-3-80	Date of Test 11-20-79	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs	Tubing Pressure 45 psi	Casing Pressure 10 psi	Choke Size open
Actual Prod. During Test 20	Oil - Bbls. 4	Water - Bbls. 16	Gas - MCF TSTM

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

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. Huir  
(Signature)

Administrative Supervisor

(Title)

7-21-80

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1980, 19

BY John W. Ramsey

TITLE Geologist

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