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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-110
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 <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Respectfully request allowable assignment of this newly completed well.	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Britt B	Well No. 26	Location, including Formation Monument Paddock	Kind of Lease State, Federal or Fee	Lease No. LC-0316216
Location Unit Letter M 660 Feet From The S Line and 660 Feet From The W				
Line of Section 15 Township 20S Range 37E, NMPW, 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 Co.	Address (Give address to which approved copy of this form is to be sent) Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks. Unit M Sec. 15 20 37	Is gas actually connected? Yes	When 2-6-80

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>
Date Spudded 10-05-79	Date Compl. Ready to Prod. 2-06-80	Total Depth 6650
Elevations (DF, RKB, RT, GR, etc.) 3543	Name of Producing Formation Paddock	P.B.T.D. 5500
Perforations 5158-5191	Top Oil/Gas Pay 5158	Tubing Depth 5200
Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8 5 1/2 2 7/8	DEPTH SET 1250 6650 5200
SACKS CEMENT 600 1100		

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 Ran To Tanks 2-9-80	Date of Test 2-26-80	Producing Method (Flow pump gas lift, etc.)	
Length of Test 24 hours	Tubing Pressure 40 psi	Casing Pressure 40 psi	Choke Size NA
Actual Prod. During Test →	Oil-Bbls. 15	Water-Bbls. 11	Gas-MCF 82

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

GOR-5467

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.

Brian A. Lee
(Signature)
Administrative Supervisor

MAR 27 1980
(Date)
NMOCDCS 45G5C2 NMFLC4 file(s)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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MAR 30 '80

OIL CONSERVATION DIV.