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| FILE | | |
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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION OFFICE | | |

NEW MEXICO OIL CONSERVATION COM. SION
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): **UNLESS AN EXCEPTION TO R-4070 IS OBTAINED FROM H.S.D.**

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|------------------------|--|---|-----------------------------|
| Lease Name SEMA Eumont | Well No. 112 | Pool Name, Including Formation Eumont Yates 7 Rivers Queen | Kind of Lease State, Federal or Fee LC | Lease No. 0816200 |
| Location Unit Letter D ; 660 Feet From The N Line and 460 Feet From The W Line of Section 25 Township 20 S Range 37 E , 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"/> Shell Pipeline | Address (Give address to which approved copy of this form is to be sent) Eumont NM | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Wagon Petroleum | Address (Give address to which approved copy of this form is to be sent) Eumont NM | |
| If well produces oil or liquids, give location of tanks. | Unit G | Sec. 25 |
| | Twp. 20 | Rge. 37 |
| | Is gas actually connected? NO When _____ | |

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 | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 7-29-80 | Date Compl. Ready to Prod. 8-29-80 | Total Depth 3850' | P.B.T.D. 3707' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) GL 3520' | Name of Producing Formation Yates 7 Rivers Queen | Top Oil/Gas Pay 3619' | Tubing Depth 3710' | | | | | |
| Perforations 3619' - 3717' | Depth Casing Shoe 3850' | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 17 1/2" | CASING & TUBING SIZE 13 3/8" | DEPTH SET 1374' | SACKS CEMENT 1030 | | | | | |
| 7 7/8" | 5 1/2" | 2450' | 1600 | | | | | |
| | 2 3/4" | 3710' | | | | | | |

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 9-16-80 | Date of Test 9-16-80 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 240 | Tubing Pressure 18 psi | Casing Pressure 175 psi | Choke Size open |
| Actual Prod. During Test 34 | Oil-Bbls. 32 | Water-Bbls. 2 | Gas-MCF 282 |

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.

Jane A. Heer
(Signature)
Administrative Supervisor
(Title)
10-2-80
(Date)
WMO-5
WMO-5
WMO-5

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **John W. Runyan**
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.