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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)	Change in Transporter of:	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	<b>PRODUCED GAS MUST NOT BE TRANSPORTED TO ANY OTHER SECTION TO R-4970 OBTAINED FROM U.S.D.S.</b>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name SEMU Eumont	Well No. 116	Pool Name, including Formation Eumont Queen	Kind of Lease State, Federal or Fee	Lease No. NM 0557686
Location Unit Letter <u>D</u> ; <u>990</u> Feet From The <u>N</u> Line and <u>330</u> Feet From The <u>W</u>				
Line of Section <u>24</u> Township <u>20S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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"/> Conoco Inc. Surface Transport	Address (Give address to which approved copy of this form is to be sent) Hobbs			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Nat. Gas	Address (Give address to which approved copy of this form is to be sent) El Paso, TX			
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>24</u>	Twp. <u>20S</u>	Rge. <u>37E</u>
Is gas actually connected? <input type="checkbox"/> When <u>no</u>				

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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>4-25-80</u>	Date Compl. Ready to Prod. <u>5-30-80</u>		Total Depth <u>3800'</u>		P.B.T.D. <u>3785</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>GL 3537</u>	Name of Producing Formation <u>Eumont Queen Gas</u>		Top Oil/Gas Pay <u>3596'</u>		Tubing Depth <u>3575</u>			
Perforations <u>3596' - 3692'</u>					Depth Casing Shoe <u>3800'</u>			
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>500'</u>		<u>432</u>			
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>2650'</u>		<u>1859</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>3800'</u>		<u>794</u>			
	<u>2 7/8"</u>		<u>3575</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 <u>6-14-80</u>	Date of Test <u>6-19-80</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>75 psi</u>	Casing Pressure <u>25 psi</u>	Choke Size <u>open</u>
Actual Prod. During Test <u>18</u>	Oil - Bbls. <u>15</u>	Water - Bbls. <u>3</u>	Gas - MCF <u>396</u>

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. Heri  
(Signature)

Administrative Supervisor

(Title)

7-14-80  
(Date)

OIL CONSERVATION COMMISSION

APPROVED

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.