	40. OF COPIES #CCEIVED	-					
	DISTRIBUTION	- NEW HENIES ON . 6	201.05571.4.710				
	SANTA FE	NEW MEXICO CIL C	Form C+104				
	FILE	REQUEST FOR ALLOWABLE Supersedes 013 G-104 and Effective 1-1-55					
	U.S.G.S.	AND					
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	OIL						
	TRANSPORTER GAS						
	OPERATOR						
1.	PROPATION OFFICE						
••	Liperator						
	Conoco Inc.						
	Asgress						
	Р.О. Вок 460	, Hobbs, New Mexico 832	40	·			
	Reasons; for filing (Check proper our	/	Other (Please explain)				
	New Well	Change in Transporter of:	Change of corpor	ate name from			
	Recompletion	OII Ery Go		Company effective			
	Change in Ownershire	Castrahead Gas Conder	nsate July 1, 1979.				
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND						
	Lease Name	hell No. Pool Name, including F					
	State D	4 Eunice Mon	ument G-SA State Federa	11 or Fee 8-1537			
	Location	,					
	Unit Letter;	80 Feet From The W Lin	ne and 1980 Feet From	TheS			
		_	7				
	Line of Section / To	washin 2/ Range	36 , NMEM, Lea	<u>}</u> County			
	,						
Ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	<u>is</u>				
	Name of Authorized Transporter of Cil 🔀 or Condensate 🗌 Address (Give address to which approved copy of this form is to be sent)						
	Shell Pipeline Co. Box 1910 Midland Texas Name at Authorizing Transporter of Dasinghead Gast of Dry Gas Texas Address (Give address to which approved Jopy of this form is to be sent)						
	Warren Petroleum Corp. Box 67, Monument, N.M.						
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en ,			
	give location of tanks.						
		th that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well / Workover Deepen	Plug Back Same Resty, Dut. Resty,			
	Designate Type of Completion		The first the fi	True pack of the first tree in			
	Date Spussea	Cate Comp., Ready to Prod.	Total Depth	P.B.T.D.			
	Sate Spasaed	Jake Compil Meday to 110a.	Total Eleptin				
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Otl/Gas Pay	Tubing Depth			
	Lievans ibt, ikks, kt, bk, etc.,	or producing townston	100 0117 043 (47	, som y som			
	Restorations		<u> </u>	Depth Casing Shoe			
	2. 51.51.4.151.5						
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	7,022 3722						
		1					
1,	TEST DATA AND REQUEST F	OR ALLOWARIE (Terr must be a	fter recovery of social volume of load oil	and must be equal to or exceed top allow-			
٧.	OH, WELL	able for this de	epth or be for full 24 hours;				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas in	ft, etc.)			
		-					
•	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Cti 3bis.	Water - Bbis.	Gas-MCF			
	•						
	•	<u> </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)	Chore Size			
		·					
VI.	CERTIFICATE OF COMPLIAN	CE		TION COMMISSION			
		2 *** A ** }	1 1 25 1 25 1 25 1 25 1 25 1 25 1 25 1	17 17			
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED, 19				
	commission have been complete.	regulations of the Oil Conservation with End that the information given best of my knowledge and belief.	BY Corry Xitton				
	The state of the complete to the	,					
	_ •		I TITUE District Sups	rv150r			

Division Manager

(Title) 6-18-79

MMOCD (5) FILE

This form is to be filed in compliance with AULE 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 sllow-able 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.

RECEIVED

OIL CONSERVATION COMM.

NO. OF COPIES REC	EIVED	;	
DISTRIBUTIO	1		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			

SANTA FE	REQUEST				FOR ALLOWABLE				Form C+104 Supersedes Old C+104'and C-11	
U.S.G.S.				AND Effective 1-1-65				• 1-1-65		
LAND OFFI	C E	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					AS			
	ANSPORTER OIL									
	GAS									
OPERATOR PRORATION	OFFICE									
Cperator	OFFICE	<u> </u>					· · · · · · · · · · · · · · · · · · ·			
Address	Address CONTINENTAL OIL COMPANY									
Bo	Reason(s) for filing (Check proper box) Reason(s) for filing (Check proper box) Reason(s) for filing (Check proper box)									
	iling (Check proper box				Other (Please	explain)				
Recompletion	New We!1 Change in Transporter of; Recompletion Oil Dry Gas									
Change in Own	ership	Casinghead	Gas Conde	nsate 📗						
	wnership give name f previous owner									
II. DESCRIPTIO	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.									
STA	TG D		EUNICE A				or Fee STAT	1	Lease No.	
Location Unit Letter	K 198	Feet From	The WEST LI	ne and	180	Feet From T	the <u>SOUT</u>	7-1		
·		4			_			f	G	
Line of Sect	100 10	wnship	Range	35_	, NMPM,		LEA		County	
III. DESIGNATIO	ON OF TRANSPOR	TER OF OIL A	ND NATURAL GA		Give address to	which approv	ed copy of this for	rm is to be	sent)	
	PIPOLIAIC rized Transporter of Ca	•		ĺ			ed copy of this for			
1			or Dry Gas	i				m is to be	sent)	
	TAL PETRO	Unit Sec.	Twp. Rge.	Is gas act	ually connected	17 Whe	10MA			
give location o	s oil or liquids, f tanks.	A H	21 36	•	les		DECEMB	BER 3	1, 1971	
If this product IV. COMPLETIO	ion is commingled wi	ith that from any	other lease or pool,	give comm	ingling order	number:		·		
		on (Y)	Well Gas Well	New Well	Workover	Deepen	Plug Back San	ne Restv.	Diff. Res'v.	
Date Spudded	Type of Completi	Date Compl. Rea	l l	Total Dep	<u> </u>	1	P.B.T.D.			
Date Spaared		Date Compt. Nea	ay to From	Total Bep						
Elevations (DF	, RKB, RT, GR, etc.,	Name of Produci	ng Formation	Top Oil/G	as Pay	· ,	Tubing Depth			
Perforations		1	·	Depth Casi			Depth Casing Sh	00		
ļ	0. 5.5.75	TUBING, CASING, AN		DEPTH SET			SACKS CEMENT			
	OLE SIZE	CASING &	1081119 3122		OLF IN 31		3400	CEMEN	<u>'</u>	
				1						
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-									
OII, WELL	OII, WELL able for this de			Producing Method (Flow, pump, gas lift, etc.)						
<u></u>			·							
Length of Test		Tubing Pressure		Casing Pr	esaute	:	Choke Size			
Actual Prod. D	uring Test	Oil-Bbls.		Water - Bbl	6.	· · · · · · · · · · · · · · · · · · ·	Gas-MCF			
		<u> </u>		1		·				
GAS WELL		I A mark		I DVI - C-	1					
Actual Prod. T	eat-MCF/D	Length of Test		Bbis. Con	densate/MMCF		Gravity of Conde	neate		
Testing Method	(pitot, back pr.)	Tubing Pressure	(Shut-in)	Casing Pro	essure (Sbut-i	in)	Choke Size			
CERTIFICA	CERTIFICATE OF COMPLIANCE				OIL C	ONSERVA	TION COMMIS	SION		
	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given		APPRO	VED	JAN	2 4 1972	. 19 .			
Commission h			APPROVED JAN 2 4 1972 , 19							
abive is true	anive is true and complete to the best of my knowledge and belief.			BY Orig. Somes by John Runyas.						
				TITLE John Kunyar						
77	1. 5 11.0	11/1/2	11_	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend						
·	ADMINISTIRATIVE SUMEDVISOR			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 allow-						
• •										
	NMOCC (5) FIXE			able on new and recompleted wells.						
		ute)		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						
NMO	CC(5) Fig	120			ed wells.				¥ · •	