6		· •		
-	DISTRIBUTION		· · · · · · · · · · · · · · · · · · ·	
-	SANTA FE		DNSERVATION COMMISSION	Form C+104 Superseder Uli C+104 and C+11
	FILE	REQUEST FOR ALLOWABLE Supersedent Of G-104 and G AND Effective (-,-55		
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		s
	LAND OFFICE			-
	TRANSPORTER DIL			
1.	OPERATOR : PRORATION OFFICE : .			
	Conoco Inc.			
	P.O. Box 460, Hobbs, New Mexico 88240			
	Reason(s) for tiling (Check proper box) (Check proper box)			
	New Well Change in Transporter of: Change of corporate name from			e name from
	Becompletion	Oil Dry Gai		ompany effective
	Change in Ownership	Castrahera Gus Conden	sate July 1, 1979.	
	f change of ownership give name ind address of previous owner			
11.	ESCRIPTION OF WELL AND LEASE			
	Lesse Name	7 Funice Mon		r Fee 5-1537
	Location			F 1
	Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>Line and 660</u> Feet From The <u>E</u>			
	Line of Section 15 Township 21 Range 36 , NMPM, LEA County			
ш.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	S Address (Give address to which approved	
	Name of Authorized Transporter of Cill	or Concensate		
	Name of Authorizeh Transporter of Cas	singneed Gas 👱 or Dry Gas 🚞	Box 1910 Midland Address (Give address to which approved	i copy of this form is to be sent)
	Warren Petroleur	n Corp.	Box 67, MONUME	nt, N.M.
	If well produces oil or liquids,	Unit / Sec. Twp. Ege.	Is gas actually connected? When	• •
	give location of tar.cs.			
IV.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
	Designate Type of Completic	Cil Weil Gas Well	New Weil Workovet Deepen 1	Plug Back Same Resty, Diff. Resty,
	Designate Type of Completie	Date Compl. Reary to Prod.	Total Depth	P.B.T.D.
		bele comprehendly to prod.		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth .
	Periorations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		1		
v	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 allows			
۰.	DIL WELL able for this depth or be for full 24 hours)			
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	e(c.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		1		
	Actual Prod. During Test	Cil-Bbla.	Water - Bbis.	Gas - MCF
	GAS WELL	······································		
	Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VΤ	CERTIFICATE OF COMPLIAN		OIL CONSERVAT	JON COMMISSION
• • •	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.		OIL CONSERVATION COMMISSION	
			BY Array Lipton	
			TITLE District Supervisor	
	Man.		This form is to be filed in compliance with RULE 1104.	
	Allensen		If this is a request for allowable for a newly drilled or despend	
	(Signature) Division Manager		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	Divisio 		All sections of this form must be fill dout completely or illow sole 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.	
	6-18			
	NMOCD (5) FILE (Da			

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JUNE 1979 OIL CONSERV N COMM.