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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, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Change of corporate name from
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Continental Oil Company effective
		Dry Gas	<input type="checkbox"/>	July 1, 1979.
		Condensate	<input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Meyer A-1	Well No. 7	Pool Name, including Formation Eumont Yates 7 Rvrs Queen	Kind of Lease State, Federal or Fee	Lease No. LC 0 31740 (a)
Location Unit Letter <u>G</u> ; <u>1986</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>E</u>				
Line of Section <u>18</u> Township <u>21-S</u> Range <u>36-E</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"/> Shell Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually collected? 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.

[Signature]
(Signature)
Division Manager
(Title)
6-13-79
(Date)

NMOCDC (5)
USGSC (2) NMPu (4) FILE

OIL CONSERVATION COMMISSION

APPROVED [Signature], 19____

BY [Signature]
TITLE District Supervisor

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.

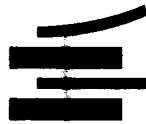
All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.



LTR



Job separation sheet

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
Continental Oil Company
3. ADDRESS OF OPERATOR
Ave. 460 Station N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *1980' ENL and 1980' FLU*
AT TOP PROD. INTERVAL: *same*
AT TOTAL DEPTH: *same*
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

- TEST WATER SHUT-OFF ☐
- FRACTURE TREAT ☐
- SHOOT OR ACIDIZE ☐
- REPAIR WELL ☐
- PULL OR ALTER CASING ☐
- MULTIPLE COMPLETE ☐
- CHANGE ZONES ☐
- ABANDON* ☐
- (other) *perf acid H₂O Queen Mary* ☒

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

5. LEASE

SC. 031740 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

same name

8. FARM OR LEASE NAME

Truper A-1

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Eumont Gates 7 Rives Co.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 18, T-21S, R-36E

12. COUNTY OR PARISH

Lee

13. STATE

N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3664 GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)
- SUBJECT WELL was returned to production from Queen Mary as follows:*

- 7-7-78. M.I.R.U. pull prod equip. install B.O.P.
- 7-8. Prep TOC.O.
- 7-10. DRILL OUTCMT TO 3653'. CMT spotted from 3653' to CIBP @ 3735. CIBP hole clean
- 7-11. Set pkr @ 3717', test CIBP @ 3735' to 500psi. hold o.k.
- Set pkr @ 3589' & test Eumont Gates. Perfs. to 500psi. did not hold. was 36 bbls fluid.
- 7-12. CONT. swabbing.
- 7-13. perf @ 3674, 76, 84, 87, 92, 95, 99, 3705', 10, 13, 19, 22, 24' w/ JSPF.
- Set pkr @ 3670' & swab. dry.
- 7-14. disp. 100 gals acid w/ 14 bbls TFW.

7-15. FLWG. TO TNK.

7-17. circ gas out of hole

7-18. Set CIBP @ 3669. Load hole w/ 75 bbls TFW & spot 200 gals 15% acid across interval. 3665-3665.

Perf @ 3593, 99', 3603, 07, 13, 18, 21, 30, 35, 44 51, 54, 3660 w/ JSPF ran + bgs.

7-19. run prod eqpt, turn well on, clean location.

8-4. pmpd. OBO, 91 BW, gas STM.

9-12. pmpd 21 BW, 163 BW, 54 MCFG in 24 considering larger pump. eqpt.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED

W. A. Barker

TITLE

Admin Supr

DATE

10-12-78

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

SCGS 5

NM FL 4

FILE.

*See Instructions on Reverse Side

