١	40. OF COPIES PECEIVED	-				
	DISTRIBUTION	-				
1	SANTA FE		CONSERVATION COMMISSION	Form C-104		
1		REQUEST FOR ALLOWABLE Supersedes Old G-104 and G-11 AND Effective 1-1-55				
	FILE					
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL O	GAS		
	LAND OFFICE					
	TRANSPORTER GIL	1				
	OPERATOR	_				
1.	PROBATION OFFICE	1	-			
	Conoco Inc.					
	P.O. Box 460, Hobbs, New Mexico 83240					
	Reason(s) for tiling (Check proper bux	:,	Other (Please explain)			
	New Well	Change in Transporter of:	Change of corpor	ate name from		
	Recompletion	Cil Dry G				
	Change in Ownership	Castrighead Gas Conde	ensate July 1, 1979.	22200213		
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND LEASE					
	Lease Name	hell No. Pool Name, including	•	==150 (10.		
	Location Location	9 Drinkara	State, Federa	I cr Fee Patent		
	Unit Letter 7 : 1980 Feet From The 5 Line and 1985 Feet From The					
	Line of Section 21 Township 21-5 Range 37-E, NMPM, Lea County					
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
	Name of Authorized Transporter of 211 or Congensate & Address (Give address to which approved copy of this form is to be sent) THAS-NEW MCKICO Pipeline BUX 1510 Midland Texas					
	Name of Authorized Transporter of Ca	singnead Gas or Dry Gas 🚁	Address (Give address to which approx Eunice New	wed copy bj this form is to be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected? Who			
	If this production is commingled with that from any other lease or pool, give commingling order number:					
1V.	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Restr. Diff. Restr. Designate Type of Completion — (X)					
	Designate Type of Complete	;	1	t .		
	Date Spuzded	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		
	<u> </u>					
	Reriorations			Depth Casing Shoe		
	TUBING. CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		<u> </u>				
				 		
				<u> </u>		
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 allowable for this depth or be for full 24 hours)					
	OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas ii)	(t, etc.)		
		7	Castra Bassara	Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	Chicke Size		
	Actual Prod. During Test	Cil-Bbis.	Water- Bbis.	Gas-MCF		
ı	Actual Prog. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Acted Pion, 1881-MCF/D	Foundation Lagr	Conditional Miniot	C. 41117 Or Condendate		

Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

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.

Division Manager

NMOCD (5)

USGS(2)

OIL CONSERVATION COMMISSION

strict Supervisor 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.

 $\mathcal{A} \subset All$ 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.

RECEIVED

HO. OF COPICS PECELVED						
DISTRIBUTION	NEW MEXICO CIL C	CONSERVATION COMMISSION	Form C-104			
SANTA FE		REQUEST FOR ALLOWABLE				
FILE	1	DNA	Effective 1-1-65			
U.S.G.S.	SAS					
LAND OFFICE						
TRANSPORTER OIL						
IGAS	1					
OPERATOR						
I. PROPATION OFFICE						
Conoco Inc						
Address						
P.O. Box 4	P.O. Box 460, Hobbs, New Mexico 83240					
Reason(s) for tiling (Check proper		Other (Please explain)				
New Well	Change in Transporter of:	Change of corpor	ata nama fina-			
Recompletion	Ctl Dry Go		Company effective			
Change in Ownership	Castnohead Gas Conde		company effective			
If change of ownership give nan and address of previous owner_						
II. DESCRIPTION OF WELL A						
Lease Name	Aeri No. Pool Name, including F		V Fe234 (40)			
/ CONTE	9 Tubb Gas	State, Federal	crfee Patent			
Location	1620	16 8				
Unit Letter;	1980 Feet From The 5 Lin	ne and 1980 Feet From T	he E			
21	Township 21-5 Range	37-1-				
Line of Section	Township VI J Range	3)-1= , NMPM, Lea	County			
UL DESIGNATION OF TRANSP	APTER OF OUR AND MATURAL CO	4.0				
Name of Authorized Transporter o	ORTER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent!			
	xico Pipeline Company	Box 1510 M. J.	land Texa,			
		Address Give address to which approx				
Name of Authorized Transporter of El Pais Natural Gas	Company -	Midland, Texas	, , , , , , , , , , , , , , , , , , , ,			
Gerry Oil company	Unit Sec. Twp. Pge.	Is gas actually connected? Whe	n			
If well produces oil or liquids, give location of tanks.						
II this production is commingled IV. COMPLETION DATA	I with that from any other lease or pool,	give comminging order number:				
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
Designate Type of Compl	etion $-(X)$					
Date Spudged	Date Compl. Reday to Prod.	Total Depth	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
		<u> </u>				
Reriorations			Depth Casing Shoe			
	TUBING, CASING, AN	D CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
						
	EST DATA AND REQUEST FOR ALLOWABLE (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)					
OIL WELL Date First New Oil Bun To Tanks		Producing Method (Flow, pump, gas lif	t. etc.)			
Date i hat new Oil han to lanks		Transport to the parity gas of				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Dought of Load						
Actual Prog. During Test	C11-301s.	Water-Bbls.	Gas-MCF			
<u> </u>			1			
GAS WELL	GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	_					
VI. CERTIFICATE OF COMPLI	CERTIFICATE OF COMPLIANCE		TION_COMMISSION			
SERVINGE OF COMMENTAL CO		APPROVED JIIN 26	TION COMMISSION			
I hereby certify that the rules a	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.		, 19			
Commission have been complied			By crry Sisten			
above is true and complete to						
•			TITLE District Supervisor			
M	1921					
7411111n	Manison		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despende			
	(Signature)		If this is a request for allowable for a newly drifted or despeted well, this form must be accompanied by a tabulation of the deviation			
1,-	- •	11	4			

Division Manager

6 [19

USGS(2) FILE

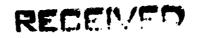
NMOCD (5)

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JUN2 2 1979

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