

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

NO. OF COPIES DESIRED	
DATE OF FILING	
FILE NO.	
U.S.D.A.	
LOCAL OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Conoco Inc.

Address

P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter oil:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

To change name of well from State D No. 16
to State D Com. No. 16.Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State D Com.	16	Eumont Yates 7-Rvrs. Queen Gas	State, Federal or Fee D-1115	

Location

Unit Letter L : 2080 Feet From The South Line and 660 Feet From The WestLine of Section 11 Township 21S Range 36E , NMPM, Lea Count

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Company	P. O. Box 1910, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas 79978
Is well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>L</u> Sec. <u>11</u> Twp. <u>21S</u> Rge. <u>36E</u>	Yes 7-17-86

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Reval.	Drill. H
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Leakages (DF, RKB, RT, CR, 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

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 10%
able 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/MCF	Gravity of Condensate
Testing Method (pistol, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED NOV 11 1986, 19BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 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 device
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
wells on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of condition.

Administrative Supervisor

October 10, 1986