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DISTRIBUTION		NSERVATION COMMISSION	Form C+134 Superseaes UN: C+104 and C+1
SANTA FE	REQUEST F	FOR ALLOWABLE	Effective 1-1-65
FILE		AND	
U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GA	45
LAND OFFICE			
TRANSPORTER OIL GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
Conoco Inc.			
P.O. Box 460,	Hobbs, New Mexico 8824		
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:	Change of corpora	
Recompletion	CII Dry Gas	Continental Oil C	Company effective
Change in Cwnership	Castnahead Gas Conden:	sate July 1, 1979.	
change of ownership give name			
nd address of previous owner	FICE		
DESCRIPTION OF WELL AND I	Aeri No. Poor Name, Including Fo		;
	ett 38 Eunice TRurs (Jucen So. State, Federal	or Fee
SouthEurice Ouit-1905		/ (~	the E
			led County
Line of Section 28 Tow	mshtp 22 Range	36 , NMPM,	<u> </u>
DESIGNATION OF TRANSPORT	OF OIL AND NATURAL GA	Asdress (Give address to which approx	ed copy of this form is to be sent;
_		Box 1510, Milland	Texas
7exas-New Mexico	Pineline Co.	Lities i Give address to which approx	ved copy of this form is to be sent)
		Eunice IN M. D'dessa Texas	
Dilling Dittoleum GPIVI Ou	S Corporation	Monument, N. M. Is assactually connected? Who	en
Warren ferroleum Corp. Il well produces oil or liquids,	FFECTIVE-February 1, 1992	is day decidify connected:	
give location of tanks.			
the production is commingled wi	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty, Diff. Res
Designate Type of Completic	O.: "G.: " G '	The winds	
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.
			Tubing Depth
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oli/Gas Pay	
Perforation s			Depth Casing Shoe
	TUBING, CASING, AN	D CEVENTING RECORD	
	TUBING, CASING, AN		
HOLE SIZE			SACKS CEMENT
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			SACKS CEMENT
			SACKS CEMENT
			SACKS CEMENT
	CASING & TUBING SIZE	DEPTH SET	
TEST DATA AND REQUEST F	CASING & TUBING SIZE	OEPTH SET	
TEST DATA AND REQUEST FOIL WELL	CASING & TUBING SIZE	DEPTH SET	and must be equal to or exceed top a
TEST DATA AND REQUEST F	CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this d	OEPTH SET after recovery of total volume of load oil lepth or be for full 24 hours)	and must be equal to or exceed top al
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TEST DATA AND REQUEST FOIL. WELL Date First New Cil Run To Tanks Length of Test	CASING & TUBING SIZE OR ALLOWABLE (Test must be able for this d Date of Test Tubing Pressure	after recovery of total volume of load oil lepth or be for full 24 hours) Producing Method (Flow, pump, gas i	and must be equal to or exceed top at ift, etc.) Choke Size
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TEST DATA AND REQUEST FOIL, WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	CASING & TUBING SIZE OR ALLOWABLE (Test must be able for this d Date of Test Tubing Pressure Oil-Bbis. Length of Test Tubing Pressure (Shut-in)	after recovery of total volume of load oil lepth or be for full 24 hours) Producing Method (Flow, pump, gas i Casing Pressure Water-Bbis. Bbis. Condensate/MMCF Casing Pressure (Shut-in)	and must be equal to or exceed top at ift, etc.) Choke Size Gas-MCF Gravity of Condensate Choke Size
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(Signature)

NMOCD (5)

Division Manager

USGS(2) PARTNERS(21) FILE

(Title)

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.

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.

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