## BTATE OF NEW MEXICO

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1		1748	ļ,		
1	DISTRIBUTIO	_			
	BANTA FE				
	FILE				
	U. 8. (J. )	. s. a . s.			
- 1	LAND OFFICE				
	IMANSPORTER	UIL			ŀ
		DAL			
	OPERATOR				
1.	PROBATION OFFICE				<u> </u>
					,

1.

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

## PENHEST FOR ALLOWARLE

IRANSPORTER UIL	KI	EQUEST FOR AN	D				
DPENATUR	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
Operation OFFICE CONOCO INC	••	,					
Address P. O. Box 460,	Hobbs, N.M. 83240						
		<u>.</u>					
Reason(s) for filing (Check proper box	Change in Transpor	ter of:	Other (Pleas	e explain)			
New Well	Oil E	Dry Gas					
Recompletion Change in Ownership	Casinghead Gas	Condens	kale 🗍				
If change of ownership give name							
and address of previous owner		<del></del>					
DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Nam			Kind of Lease		Lease :	
Lease Name			7 Riv. Qn.			4038556	
Stevens B.14					i E		
Unit Letter;(c	(O) Feet From The	5 Line	and 1980	Feet From T	'he		
Line of Section 14 To	mahip 23	Range	36 , NMPA	1. Lea		County	
Ellie of Section 7			- 1 J	7			
DESIGNATION OF TRANSPORT	TER OF OIL AND NA	ATURAL GA	Address (Give address	to which approx	ed copy of this form	is to be sent;	
Name of Authorized Transporter of	5 - face 7		Box 258 Address (Give address	7 , 140	655		
Name of Authorized Transporter of Ca	singhead Gas or Dr	y Gas	1	to which approx	ed copy of this form	is to be sent)	
Phillips			Hobbs Is gas actually connec	ted? Whe	·		
If well produces oil or liquids, give location of tanks.	Unit Sec. Tw	P. Rge.	3	? S	NA		
If this production is commingled wi	th that from any other 1	ease or pool,					
COMPLETION DATA	Oil Well	Gas Well	New Well Workover		Plug Back   Same	Res'v. Diff. 1'.	
Designate Type of Completion		!	! ! !		<u> </u>		
Date Spudded	Date Compl. Ready to F	Prod.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	nation	Top Oil/Gas Pay		Tubing Depth		
Perforations			L		Depth Casing Sho	•	
			CENEUTING DECO	P.D.			
	TUBING,		CEMENTING RECO		SACKS	CEMENT	
HOLE SIZE	CASING & TUB	ING DIZE					
	<del> </del>						
TEST DATA AND REQUEST F	OR ALLOWABLE (	Test must be a	fer recovery of total vo	lume of load oil	and must be equal t	o or exceed top o.	
OIL WELL		able for this de	pih or be for full 24 hou Producing Method (Flo	r#)			
Date First New Oil Run To Tanks	Date of Test		Fibalicing Monda (1				
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
	Oil-Bbls.		Water-Bbls.		Gas-MCF		
Actual Prod. During Test	022.2.						
GAS WELL Actual Prod. Tout-MCF/D	Length of Test		Bbls. Condensate/MM	CF	Gravity of Conde	nacte	
Actual Pibal 1441 Mary				4.101	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressue (Ehut	(ai-;	Cosing Pressure (Ehr				
CERTIFICATE OF COMPLIAN		<del></del>	OIL	CONSERVA	TION DIVISION	j	
CERTIFICATE OF COMPENSES			DFC 31 1980				
I hereby certify that the rules and	regulations of the Oll	Conservation	APPROVED			·	
Division have been complied with and that the information given above in true and complete to the best of my knowledge and belief.			·BY				
,			TITLE	ు క్రమ్ కృత్తు			
	<i>,</i> ·		This form is	to be filed in	compliance with	MULE 1104.	
Jane a	If this is a request for allowable for a newly drilled or desprively, this form must be accompanied by a tabulation of the deviation of the well in accordance with NULE 111.  All sections of this form must be filled out completely for all.						
(518)							
	rative Supervisor		All sections	of this form m	ust he filled out could	completely to elic	
n F ( <sup>t</sup>	T 2 1980		11			r changes of own	
	oue)		Fill out only well name or num	per or results	itelion commercial	ach nool in multi-	

(Dote)

Separate Forms C-104 must be filed for each pool in multi, completed wells.

NO. OF COPIES PECELVED		CONSERVATION COMMISSION	Form C-104			
SANTA FE FILE	REQUEST	FOR ALLOWABLE AND	Supersedes 0/3/C+104 and C+11 Effective (+,+45			
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (	GAS			
TRANSPORTER   GAS						
OPERATOR PROBATION OFFICE						
Conoco Inc						
Audress		240				
Reasons) for tiling (Check proper	. 50%)	Other (Please explain)				
New Well Recompletion	Cit	Change of corpor	ate name from Company effective			
Change in Ownership	Castrighead Gas Cond	ensate July 1, 1979.				
If change of ownership give nar and address of previous owner						
. DESCRIPTION OF WELL A	ND LEASE	Formation   Kind of Leas	e Leaso io.			
Stevens B-14		TTIX TRYPS Queen State, Federa	1003033			
Unit Letter	660 Feet From The 5	ine and 1980 Feet From	The <u>E</u> (6)			
Line of Section 14	Township 23-5 Range	36 - E , NMPM,	Lea County			
	PORTER OF OIL AND NATURAL O	AS				
Name of Authorized Transporter of	or Condensate	Andress (Give address to which appro	oved copy of this form is to be sent)			
Note of Authorized Transporter	or Casinghead Gas or Dry Gas	Address (Give address to which appro				
If well produces oil or liquids, give location of tanks.	Cum Corporation Unit Sec. Twp. Pige.	Is gas actually connected? Wh	5 70 W 7 777 W			
If this production is commingle V. COMPLETION DATA	ed with that from any other lease or poo					
Designate Type of Comp	$\frac{\text{Oil Well}}{\text{Oll Well}}$	New Weil Workover Deepen	Plug Back Same Resty. Diff. Resty			
Date Spudded	Date Compl. Reday to Prod.	Total Depth	P.B.T.D.			
Elevations (DF, RKB, RT, GR, e	tc., Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
Perforations			Depth Casing Shoe			
		ND CEMENTING RECORD	ALCKS SEVENT			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	TOP ALLOWANT F (Top and	after recovery of total volume of load of	I and must be equal to or exceed top ullo			
V. TEST DATA AND REQUES OIL WELL Date First New Off Bun To Tens	able for this	depth or be for full 24 hours)  Producing Method (Flow, pump, gas				
		Casing Pressure	Choke Size			
Length of Test	Tubing Pressure		Gas-MCF			
Actual Prod. During Test	Cil-Bbls.	Water-Bbls.	GGB - 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			
I. CERTIFICATE OF COMPI	LIANCE		ATION COMMISSION			
I hereby certify that the rules	and regulations of the Oil Conservation	APPROVED	, 19			
Commission have been comp	lied with and that the information give to the best of my knowledge and belie	i. BY	BY Crey Con			
An	· •	TITLE District Su				
A THINE	emason	and the second for all	n compliance with RULE 1104.  owable for a newly drilled or deepen penied by a tabulation of the deviati			
Div	(Signature) ision Manager	tests taken on the well in acc	well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allo			
	6/19/29	able on new and recompleted	wells. It is and VI for changes of own			
NYOCD (5) USGS(2)	MMFULY) FILE	well name or number, or transp Separate Forms C-104 m	well name or number, or transporter, or other auch change of condition  Separate Forms C-104 must be filed for each pool in multip			
		completed wells.				

Fill out only Sections I. II. III. and VI for changes of owner, rell 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

JUN 2 11979
OIL CONSERVATION COMM.
HOBBS. N. M.