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SANTA FE		CNSERVATION COMMISSION
FILE	REQUEST	FOR ALLOWABLE
U.S.G.S.	AUTHORIZATION TO TRA	AND
LAND OFFICE	AUTHURIZATION TO TRA	NSPORT OIL AND NATURA
TRANSPORTER OIL		
GAS		
OPERATOR		
I. PRORATION OFFICE		
Conoco Inc.		
Address		
P.O. Box 460,	Hobbs, New Mexico 3824	40
Reason(s) for filing (Check proper box)		Other (l'lease explain)
New Well	Change in Transporter of:	Change of cor
Recompletion	Oil Dry Ga	s Continental O
Change in Cwnership	Casinghead Gas Conder	sate ☐ July 1, 1979.
If change of ownership give name and address of previous owner		
I. DESCRIPTION OF WELL AND L	FACE	
Lease Name Angle	E.ASF. Weil No. Foo. Name, Including F	ormation Kind of L
Langlie Lynn, Unit	7 Landie Mattix	TRyrs. Queen State, Fe
Location)	
Unit Letter V ; 66	O Feet From The	e and 1980 Feet F:
Line of Section 23 Town	23-5	36-E, NMPM,
Line of Section 7 Town	shtp 43-5 Range	36 C, NMPM,
L DESIGNATION OF TRANSPORTE	ER OF OIL AND NATURAL GA	S
Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which a
1exas - New Mex	Cla Pipelin Co.	Midland Tex
Name of Authorized Transporter of Casir	ngnead Gas 🏳 for Dry Gas 🚞	Address (Give address to which a
Phillips Petrol	eum (o.	Odessa, lex
If well produces of or liquids, give location of tanks.	Unit Sec. Twp. Ege.	Is gas actually connected?
Vi abia and ania in an ania lad mish		
If this production is commingled with COMPLETION DATA	that from any other lease or pool,	give commingling order number:
Designate Type of Completion	Ot: Wel. Gas Well	New Well Workover Deepen
		1
Date Spudded	Date Compl. Reday to Prod.	. Total Depth
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay
	*	1
Perforations		
	TUBING, CASING, AND	CEMENTING RECORD
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
		
!		1
. TEST DATA AND REQUEST FOR	RALLOWABLE (Test must be at	ter recovery of total volume of load
OIL WELL	able for this de	pth or be for full 24 hours;
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga
		0-1-5
Length of Test	Tubing Pressure	Casing Pressure
Actual Pros. During Test	Oi! - Bbis.	Water + Bb:s.
<u> </u>		·
GAS WELL		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pitot, back pr.)	Tucing Pressure (Shut-in)	Casing Pressure (Shut-in)
CEPTIFICATE OF COURTAINS	r	011 00110=
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		OIL CONSER
		APPROVED JUL 2
above is true and complete to the b	best of my knowledge and belief.	BY CERT
	i	TITLE District SI
DM		
Allen	Z LOL	THE District SI This form is to be filed If this is a request for a

Division Manager

FILE

NMOCD (5)

(6) (321)

DMMISSION Form C-104

Supersedes Old C+104 and C+110 Effective 1-1-55 ID NATURAL GAS e of corporate name from nental Oil Company effective State, Federal or Fee Feet From The ss to which approved copy of this form is to se sent; d copy of this form is to be sent; Plug Back Same Resty, Diff. Resty, P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT volume of load oil and must be equal to or exceed top allowlow, pump, gas lift, etc.) Choke Size Gas - MCF Gravity of Condensate Choxe Size

_ CONSERVATION COMMISSION

strict Supérvisor

s 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

فولانون دداد DISTRIBUTION SANTA FE FILE

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

ı.	U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE					
	Operator (UNTIMENTAL DIL USMANA)					
	Address Pix 46 / Lilin, 14.01 88246 Reason(s) for filing (Check proper box) Other (Please explain)					
	Resson(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:				
	Recompletion Change in Ownership	OII X Dry Ga Casinghead Gas Conder				
	If change of ownership give name					
	and address of previous owner					
	DESCRIPTION OF WELL AND	LEASE	crmation Kind of Lea			
	Lease wine Anna Chang Hara	Well No. Pool Name, Including Fo		Leasa .43. 1		
	Unit Letter 11 : 1665 Feet From The 50471 Line and 1980 Feet From The 40657					
	Unit Letter // ; ///	<u>○</u> Feet From The <u>→ 0以//</u> Lin	ne andFeet From	The <u>U.C.S.</u>		
	Line of Section 3 70	ownship 23-5 Range J	6-E, NMPM,	LeA County		
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS			
	Name of Authorized Transporter of Ci	or Condensate	Address (Give address to which appr	!		
	Name of Authorized Transporter of Ca	estinghead Gas 🐼 or Dry Gas 🗔	Address (Give address to which appr	oved copy of this form is to be sent)		
		Unit Sec. Twp. Rge.				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ree. M 23 23 36	Is gas actually connected? W	hen [] A		
		ith that from any other lease or pool,	·			
	COMPLETION DATA		New Wel. Workover Deepen	Play Back - Same Resty, Diff, Resty,		
	Designate Type of Completi	on $-(X)$		1 1		
	Gate 2. Libra	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (E. RKB, RT, GR, etc.,	Name of Freducing Formation	1 Top ON/Gas Pay	Tubing Depth		
	, Periorations			Depth Casing Shoe		
	!					
	FOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT		
	7 322 3122	CASING & TECHNOSIE		5/15/15 GENERAL		
ψ.		il and must be equal to or exceed top allow-				
	Date Pirst New Ci. Run To Tanks	ONE NELL able for this depth or be for full 24 hours) Oute First New Oi. Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actes: Pred. During Test	Oti - Bbis.	Water-Bbis.	Gaa - MCF		
	GAS WELL Actual Prod. Test-MOF/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		
57 γ .	CERTIFICATE OF COMPLIAN	ice	OIL CONSERV	ATION COMMISSION		
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.		APPROVED				
		TITLE				
			ii .			
	Rolph Family (Signature)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
FORMISTRATIVE SUPERISTR		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
		116)	All sections of this form :	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
3-14-75			Fill out only Sections I. H. III, and VI for changes of owner,			

Minster amfillar File

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