

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

3.

NO. OF SUPPLIES DESIGNED	
DISTRIBUTION	
BANTAY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

Operator CONOCO INC.

Address P. O. Box 460, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Russell 19 Fed.	Well No. 4	Pool Name, including Formation Mason Delaware, No.	Kind of Lease State, <u>Federal</u> or Fee	Lease No. CC 068281A
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>W</u> Line of Section <u>19</u> Township <u>26</u> Range <u>32</u> , NMPM, <u>CEA</u> County				

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL OR CONDENSATE Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Comoco Inc. Surface Tran.					Address (Give address to which approved copy of this form is to be sent) Box 2587, Hobbs	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips					Address (Give address to which approved copy of this form is to be sent) Ocala	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? yes	When NA

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

7. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R
Date Spudded	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		
Perforations							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

1. 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 of depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tank		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/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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.

Jane A. Hier
(Signature)

— 100% 350000

(Title)

(Tulsa) 2 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY _____

TITLE 1947-48

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 old, on new and recompleted walls.

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 Form C-104 must be filed for each pool in multi-completed wells.