NO. OF COPIES SEC	£14 €0	
DISTRIBUTION		
SANTA FE		i
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		
PROPATION OF	ICE	1
Charator		

III.

IV.

DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	5
SANTA FE		FOR ALLOWABLE	Form C-104 Superseaes Old C-104 and C-1
FILE		DNA	Effective (-)-55
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL G	AS
LAND OFFICE			
TRANSPORTER GAS			
OPERATOR			
PROPATION OFFICE			
Cperator			
Conoco Inc.			
Address			
	0, Hobbs, New Mexico 882		
Reason(s) for filing (Check proper bo		Other (Please explain)	
New Well Recompletion	Change in Transporter of:	Change of corpora	ite name from
Change in Ownership	Oil Dry G Casinghead Gas Conge	= concrnencal off (Company effective
	Conse	July 1, 1979.	
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND			
Lease Name	Keil No. Pool Name, including F	1 01 25000	Lease No.
North EL Mar Un	I 38 ELMARD	De Burare State, Federal	or Fee NM-0279
Location	10 -		(A)
Unit Letter / / ; /	60 Feet From The 5 Li	ne and <u>660</u> Feet From Th	ne
Line of Section 30 T	ownship 26-5 Range	72-6	_
Eme of cection	ownship 16-5 Range	33-F=, NMPM, Le	County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	15	
Name of Authorized Transporter of O	or Condensate	Address (Give address to which approve	d copy of this form is to be sent)
1exas- New Me	xico Pipelin Co.	Box 1510 Mio	Hand Texas
Name of Authorized Transporter of C	asinghedd Gas or Dry Gas	Address i Give address to which approve	d copy of this form is to be sent)
Phillips Petrole	um Corporation	Odessa l'exas	
If well produces oil or liquids, give location of tanks.	Sec. Twp. Hge.	Is gas actually connected? When	
	11 23 26 32		1-22-60
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	
	Cil Weil Gas Weil	New Well Workover Deepen	Plug Eack Same Resty. Diff. Resty.
Designate Type of Complet	$\operatorname{son} - (\lambda)$		1 1
Date Spudded	Date Compl. Reday to Prod.	Total Depth	P.B.T.D.
El. VOE DVD			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Reriorations		<u> </u>	2
•			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			3,3,3,3,2,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,
·			
		i i	
FEST DATA AND REQUEST FOIL WELL	'OR ALLOWABLE (Test must be a shie for this de	fter recovery of total volume of load oil an pth or be for full 24 hours)	d must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, zas lift,	etc.)
		1	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Pred, During Test	Cii-Bbia.	Water-Bbis.	Gde-MCF
CAC WELL			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Phile Could be 40005	
	2011401 01 1031	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
ERTIFICATE OF COMPLIAN	CE	OIL CONSERVAT	ION COMMISSION
		ABER SO INC.	ACOM 12
hereby certify that the rules and	regulations of the Oil Conservation	APPROVED JUL 17	, 19
ommission have been complied to bove is true and complete to the	with and that the information given best of my knowledge and belief.	BY Joseph	Kon
	and belief.		:
· Ann	İ	TITLE District Super	visor
AMM		This form is to be filed in con	npliance with RULE 1104.
JH/Kon	XXX	If this is a request for allowab	le for a newly drilled or deepened
- (Sign)	ature) \	well, this form must be accompanie tests taken on the well in accordan	
Divisio , (Ti,	n Manager		be filled out completely for allow-
, (l 4)	ns/ /	1 11	

NMOCD (5) USGS(2) PARTNERS FILE

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 $\boldsymbol{\pi}$ completed wells.

NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER OIL			
I HARTS ON EN	GAS		
OPERATOR			
PROPATION OFFICE		1	

W MEXICO DIL CONSERVATION COMMISSE REQUEST FOR ALLOWABLE AND

Form C-104 Superseder Old C-104 and C-110 Ellective 1-1-65

U.S.G.S.	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL G	;AS
LAND OFFICE	•		
THANSPORTER OIL	•		
GA3 GPERATOR			
PROPATION OFFICE			
O	OIL CO		
CONTINENTAL			
Box 460	Hobbs, N.M		
Reason(s) for filing (Cheek proper box)		Other (Please explain)	.1
New Well	Change in Transporter of:	CHANGE IN LE	ASE NAME - FORMERLY
Recompletion	Ott Dry Gas	Alasth EL M	IAR UNIT BTRY # 1
Change in Ownership	Casinghead Gas 🔀 Candensa	IN NOW IT CE T	
If change of ownership give name			•
and address of previous owner			
L DESCRIPTION OF WELL AND L	EASE		Lease No.
	I Wall No.: Pool Name, Inc. value Form	MUNKE State, Feder	
NORTH EL MAR UNIT	T 38 EL MAR DELI	SWAXE SIME. FOR	700-102711(1)
Location	·	/2/20	- WEST
Unit Letter M : 660	Feet From The SOUTH Line	and Feet From	1110
Line of Section 30 Town	nahip 26-5 Range 3	3-E , NMPM,	LEA County
Line of Section CO 1000			
. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Considerate to which appr	oved copy of this form is to be sent)
None of Authorized Transporter of Oil	or Condensate	BOX 1510 Midl	AND JOHNS
TEXAS - NEW NEXTCO	PIPELINE	Address (Give address to which appr	oved copy of this form is to be sent)
Phillips Petraceu	Individual Control Con	ODESSA, TEXAS	
	Unit Sec. Twp. P.ge.	Is and actually connected? . W	hen
If well produces oil or liquids, give location of tanks.	M 25 26 32	YES !	8-22-60
	h that from any other lease or pool, g	ive commingling order number:	
V. COMPLETION DATA			Plug Back Same Resty. Diff. Rest
Designate Type of Completio	0	New Well Warkover Deepen	
	Date Campl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Dute Comparitoner, 15 1 5 5 5	•	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	•		Depth Casing Shae
Perforations			Depth Cashid since
	TUBING, CASING, AND	CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CKSING C 100		
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be of able for this de:	ter recovery of total volume of load (oth or be for full 24 hours)	oil and must be equal to or exceed top all
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Dete & first Wenn Off Limit to 1 mins			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			Gas-MCF
Actual Prod. During Test	Oll-Bble	Water-Bble.	, Gar-Mo.
		_	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shat-ia)	Casing Pressure (Shut-in)	Choke Size
		<u> </u>	TION COMMISSION
VI. CERTIFICATE OF COMPLIAN	NCE	OIL CONSER	VATION COMMISSION
	Table Oil Concernation	APPROVED	. 19/5
	regulations of the Oil Conservation with and that the information given	7 }	
above in true and complete to the	ne best of my knowledge and belief.	BY	SEE No.
		TITLE JONEY DOWN	isti hy
	.	This form is to be filled	in compliance with RULE 1104
Robert E. Staff G	Smith		
(51)	(natwe)	well, this form must be acco	condance with RULE 111.
Stall a	Constant	All sections of this form	must be filled out completely for all
77	Title)	able on new and recompleted	i wells.

Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condi-

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

(our)

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1-19-76

SANTA FE	DEOLE	CT FOR ALL COMMISSION	Form C-104
FILE	REQUE	ST FOR ALLOWABLE	Supersedes Old C-101 and C Effective 1-1-65
U.S.G.S.	AU HORIZATION TO T	AND RANSPORT OIL AND NATUR	
LAND OFFICE	TIONIDATION TO	RANSPORT OIL AND NATUR	AL GAS
TRANSPORTER OIL			
OPERATOR GAS			
PRORATION OFFICE	 		
Operator			
CONTINENT/	91 OIL CO.		127
P.O. BOX 4	60 HOBBS /	VEW MEXICA	
Reason(s) for filing (Check proper	box)	VEW MEXICO Other (Please explain)	
Recompletion	Change in Transporter of:	WELL REDES	IGNATION FORMERLY -
Change in Ownership	Diy	Gas	
If change of ownership		densate PAYNE	NO. 5
If change of ownership give named and address of previous owner _	ne		
DESCRIPTION OF WELL AN	ND LEASE		
	Weil No. Pool Name, Including	11.11.2 01.2	Lease No.
NORTH ELMAR UNIT	8TY 1 38 EL MAR D	ELAWARE CHE, FE	ederal or Pe NM 0279KB
Unit Letter;;	660 Feet From The South	line and 660 Forth	
11 10 11			rom The Way
	. rong-	33-6 , NMPM,	LEA County
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL O	GAS	
			oproved copy of this form is to be sent)
Name of Authorized Transporter of	EXICO PIPELINE CO Casinghead Gas X or Dry Gas	Address (Give address to which	proved copy of this form is to be sent)
CONTINENTAL OIL	co (NGiGP)	10× 2/07 //	oproved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	SOX 2/97 HOUS Is gas actually connected?	When
give location of tanks.	M 25 36 32	VE5	8-22-60
If this production is commingled COMPLETION DATA	with that from any other lease or pool	, give commingling order number:	
	Oil Well Gas Well	New Well Workover Deepen	Div Del G
Designate Type of Comple		Deepen 1	Plug Back Same Res'v. Diff. Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.	j Name of Producing Formation	Top Oll/Gas Pay	
	,	1 op On/Gas Pay	Tubing Depth
Perforations .			Depth Casing Shoe
			_
HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST : OIL WELL	FOR ALLOWABLE (Test must be a sole for this d	after recovery of total volume <mark>of load c</mark> epth or be for full 24 hours)	oil and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	
			,,
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	
		Water - Bare.	Gas-MCF
GAS WELL Actual Prod. Test-MCF/D			
1001 1001 1001 1001 10	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
		l l l l l l l l l l l l l l l l l l l	Choke Size
CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION
Juniasion nave been complied	regulations of the Oil Conservation with and that the information given	APPROVED	, 19
commission have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.		BY	
		TITLE	
-1/	· , /		

ADMINISTRATIVE 5
(Title)

1/- (5-73
(Date)

NMOCC 5, Ph 4, 206 SUPERVISOR

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 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 completed wells.