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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PERMISSION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-55

Operator	Conoco Inc.		
Address	P.O. Box 460, Hobbs, New Mexico 88240		
Reasons for filing (Check proper box)	Other (Please explain)		
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	Change of corporate name from Continental Oil Company effective July 1, 1979.	
Recompletion ☐	Gas ☐ Condensate ☐		
Change in Ownership of ☐			

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lessee Name	Well No.	Post Name, including formation	Kind of Lease	Lease No.
Bell Lake Unit	3	Bell Lake Bone Springs	State, Federal or Fee	E-5898
Location				
Unit Letter	C	660	Feet From The N	Line and 1980
Line of Section	6	Township	24 S	Range 34 E
NMPM, Lea				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)			
Permian Corp	Box 1183 Houston, Texas			
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)			
Transwestern Pipeline Co.	Box 1059 Kermit, Texas			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Typ.	Pipe.

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Result	Diff. Result
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, AKB, 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		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

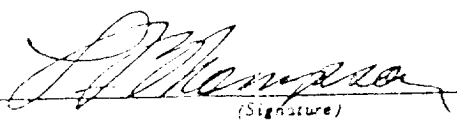
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

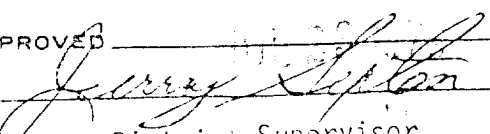
VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Division Manager
(Title)

6-8-79
(Date)
NMCCD (5)
USGS (5)
FILE PARTNERS

OIL CONSERVATION COMMISSION

APPROVED , 19
BY
TITLE District 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 deviator 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 Form C-104 must be filed for each pool in multiple-completed wells.

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JUN 12 1970

U.S. DEPARTMENT OF COMMERCE
BUREAU OF ECONOMIC ANALYSIS