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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-110
Effective 1-1-65

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"/>	Formerly in Teague Blinberry (To correct TD)
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

Lease Name Cline A-15		Well No. 2	Pool Name, Including Formation Langlie Mattix 7 Rurs.	Kind of Lease State (Federal or Fee)	Lease No. LC 030186(a)
Location Unit Letter M : 660 Feet From The S Line and 660 Feet From The W Line of Section 15 Township 23S Range 37E, NMPM, Lea County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico pipeline		Address (Give address to which approved copy of this form is to be sent) Midland, TX				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum		Address (Give address to which approved copy of this form is to be sent) Odessa, TX				
EFFECTIVE: February 1, 1980						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	7-1-80

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded NA		Date Compl. Ready to Prod. 7-1-80		Total Depth 5800'		P.B.T.D. 4000'			
Elevations (DF, RKB, RT, GR, etc.) no change		Name of Producing Formation Langlie Mattix 7 Rurs Qn.		Top Oil/Gas Pay 3240'		Tubing Depth 3603			
Perforations 3240' - 3370'						Depth Casing Shoe no change			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
		no change in casing depth							
		2 3/4"		3603					

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 7-1-80	Date of Test 7-15-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 45 psi	Casing Pressure 10 psi	Choke Size Open
Actual Prod. During Test 67	Oil - Bbls. 32	Water - Bbls. 35	Gas - MCF 41

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		OIL CONSERVATION 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 _____, 19____	
BY _____		BY _____	
TITLE _____		TITLE SUPERVISOR DISTRICT I	
This form is to be filed in compliance with RULE 1104.		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.		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.		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.		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.		Separate Forms C-104 must be filed for each pool in multiply completed wells.	

June A. Klein
(Signature)
Administrative Supervisor
JUL 18 1980
(Date)
NMOCD-5 USGS-2 NMFU-4
File-1