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## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104

Supersedes 012 C-104 and C-111 Effective 1-1-55 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Conoco Inc. Address P.O. Box 460, Hobbs, New Mexico 83240 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change of corporate name from Recompletion 011 Dry Gas Continental Oil Company effective Change in Ownership Condensate July 1, 1979. If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Kind of Lease Lease No. 40 North E EL Mar Dela State, Federal or Fee NM-02791 Location Range III. DESIGNATION OF AND NATURAL GAS If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Deepen New Well Workover Designate Type of Completion -(X)Date Compi. Reday to Prod. Total Depth Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oll/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. 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 allowable for this depth or be for full 24 hours) OIL WELL Date First New CI: Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Pred. During Test Oil-Bbis. Water - Bbla. Gan - MCF GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Choke Size I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED 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. District Supérvisor TITKE. This form is to be filed in compliance with RULE 1104. midson (Signature)

Division Manager

NMOCD (5)

1786515

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, name or number, or transporter, or other such change of condition.

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

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## W MEXICO OIL CONSERVATION COMMISSIO REQUEST FOR ALLOWABLE

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

Form C-104
Supercodes Old C-104 and C-110
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## DISTRIBUTION NEW MEXICO THE CONSERVATION COMMISSION SANTA FE Form C-104 REQUEST FOR ALLOWABLE TILE Supersedes Old C-104 and G-1 Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE CONTINENTAL OIL CO. NEW WELL REDESIGNATION FORMERLY Recompletion OIL Dry Gas Change in Ownership Casinghead Gas Condensate PAYNE NO. 10 If change of ownership give name and address of previous owner \_\_\_\_ . DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease NORTH ELMAR 40 EL MAR DELAWARE e, Federal or UNIT BTY 1 NM 0279KB Unit Letter 660 Feet From The north Line and 1650 Range 33-6 II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil | Cr Condensate | | Address (Give address to which approved copy of this form is to be sent) TEXAS NEW M Name of Authorized Transporter of PIPELINE MEXICO er of Casinghea CONTINENTAL HOUSTON, If well produces oil or liquids, 26 YE5 If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oll Well Gas Well New Well Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) 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 Y. 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 allowable for this depth or be for full 24 hours) OIL WELL 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-Bble. 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 1. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION I hereby certify that the rules and regulations of the Oil Conservation APPROVED\_ commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY\_\_

ADMINISTRATIVE SUPERVISOR

NMOCC 5, pt 4, 30

This form is to be filed in compliance with RULE 1104.

TITLE \_

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.

Lease No.

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.

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