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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Conoco Inc. Well API No. 3002509758
Address P.O. Box 1959 Midland, TX 79705
Reason(s) for Filing (Check proper box) ☐ New Well ☐ Recompletion ☐ Change in Operator ☐ Change in Transporter of:
Oil ☐ Dry Gas ☒ Casinghead Gas ☐ Condensate ☐ Other (Please explain) _____
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sholes A Well No. 7 Pool Name, including Formation Galmat Yates Seuen Riv. Kind of Lease State, Federal or Fee Lease No. 071032581A
Location Unit Letter P : 660 Feet From The S Line and 660 Feet From The E Line
Section 13 Township 25S Range 36E, 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) _____
Name of Authorized Transporter of Casinghead Gas ☐ GPM Gas Corporation ☒ Address (Give address to which approved copy of this form is to be sent) 4001 Pentworth Dallas, TX 75219
If well produces oil or liquids, give location of tanks. Unit 660 Sec. 13 Twp. 25S Rge. 36E Is gas actually connected? Yes When? 10-24-90
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	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, LIR, 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 Tank _____ 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 (pilot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

VI. OPERATOR 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.

Signature Paul C. Garbrough Sr. Analyst
Printed Name Paul C. Garbrough Title (915) 686-5583
Date 11-8-90 Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved NOV 19 1990

By ORIGINAL COPY TO BE FILED IN DISTRICT OFFICE

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

NOV 19 1990

CCB
HOURS OFFICE