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

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

Form C-104
Supersedes OGC-104 and C-105
Effective 1-1-65

1. **Transporter**
Name: Conoco Inc.
Address: P.O. Box 460, Hobbs, New Mexico 88240
Reason(s) for filing: ☒ Check or other box
New well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ ☐ Change of corporate name from Continental Oil Company effective July 1, 1979.
Recommendation ☐ Distance of Gas ☐ Condensate ☐
Change in Land Area ☐

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name: State A-2 Well No., Pool Name, Including Formation: 2 Justis Tubb Drinkard Kind of Lease: State, Federal or Fee
Location: Section 2310 Feet From The South Line and 1650 Feet From The East Line
Section: 2 Township: 25 S Range: 37 E N.M.P.M. 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): Texas-New Mexico Pipe Line Midland, Texas
Name of Authorized Transporter of Distillate Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent): El Paso Natural Gas Company El Paso, Texas
Unit: J Sec: 2 Twp: 25 Rge: 37 Is gas actually connected? yes When: 2-20-63
If well produces oil or distillate, give location of tanks: _____

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) ☒ On Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Resin ☐ Other: _____
Date Spudded: _____ Date Compl. Ready to Prod.: _____ Total Depth: _____ P.B.T.D.: _____
Elevations (D.F., RAB, 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-MMCF: _____

GAS WELL

Actual Prod. Test-MMCF/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. 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]
(Signature)
Division Manager
(Title)
JUL 25 1979
(Date)
NMOCD (5) file

OIL CONSERVATION COMMISSION

APPROVED AUG 1 1979, 19____
BY [Signature]
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 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.