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| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| IRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| | | | |

Administrative Supervisor

(Title) NOV 2 1 1979

(Date)

200 . 1 ml . 11a. -

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

| SANTA FE | REQUEST | FOR ALLOWABLE Supersedes Old C-104 and Effective 1-1-65 | | |
|---|---|--|--|--|
| FILE U.S.G.S. | AUTHORIZATION TO TR | AND THORIZATION TO TRANSPORT OIL AND NATURAL GAS | | |
| LAND OFFICE | AUTHORIZATION TO TRA | ANSPORT OIL AND NATURAL | _ GAS | |
| TRANSPORTER OIL | | | | |
| GAS | <u>·</u> | | | |
| OPERATOR | | | | |
| PRORATION OFFICE Operator | | | | |
| | CONOCO INC. | | | |
| Address | | | | |
| | P. O. Box 460, Hobbs, N.M. 882 | | | |
| Reason(s) for filing (Check proper bo | | Other (Ptoase explain) | gas huse nor w | |
| New Well Recompletion | Change in Transporter of: Oil Dry Go | TEARNO MORE | Secretary of the second | |
| Change in Ownership | Casinghead Gas Conde | | CCEPTION TO RAPIO | |
| | | Des Carlos Anna Ca | | |
| If change of ownership give name and address of previous owner | • | | | |
| | | | | |
| . DESCRIPTION OF WELL AND | Well No. Pool Name, Including F | formation of Le | ase Lease No. | |
| TACK R-17 | / ANTENE MAR | Fire Pierra Com State, Fed. | erg/ cr Fee LC-032-6/3 | |
| Location | 6 LANGUE FIAI | THE THE STATE OF | 2 | |
| Unit Letter F ; / | 780 Feet From The N Li | ne and 1980 Feet Fro | m The U | |
| Onit Letter, | _ | • • | | |
| Line of Section 17 To | ownship $24-5$ Range | 37-E , NMPM, | LEA County | |
| | | | | |
| Name of Authorized Transporter of O | RTER OF OIL AND NATURAL GA | AS Address (Give address to which app | proved copy of this form is to be sent) | |
| n / | | | | |
| Name of Authorized Transporter of C | asinghead Gas or Dry Gas | Address (Give address to which app | N.M. proved copy of this form is to be sent) | |
| AS/A | | NA | | |
| If well produces oil or liquids, | Unit Sec. Twp. Ege. | Is gas actually connected? | When A//A | |
| give location of tanks. | F 17 24 31 | NO | 10/2+ | |
| | ith that from any other lease or pool, | give commingling order number: | • | |
| . COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Resty. Diff, Resty | |
| Designate Type of Complete | ion - (X) | X | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| 8-28-79 | 9-27-79 | 38/0' | 3759' | |
| Elevations (DF, RKB, RT, GR) etc.; | Name of Producting Formation | Top Oil/Gas Pay | Tubing Depth | |
| 3277' | EANGETE MATTIX | 3408 | 3664 Depth Casing Shoe | |
| 3419'- 3654 | | | Depth Casing snoe | |
| 311 3831 | | D CEMENTING RECORD | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| 12'/4" | 85/8" | 1200' KB | 630 | |
| 77/8" | 51/2" | 3810' | 6.36 | |
| | 23/8" | 3664' | | |
| | | | | |
| . TEST DATA AND REQUEST I | FOR ALLOWABLE (Test must be able for this d | after recovery of total volume of load (epth or be for full 24 hours) | oil and must be equal to or exceed top allow | |
| OIL WELL Date First New Oil Run To Tanks. | Date of Test | Producing Method (Flow, pump, gas | lift, etc.) | |
| 10-6-79 | 10-31-79 | PHMP | | |
| Length of Test | 10-31-79 Tubing Pressure | Casing Pressure | Choke Size | |
| 24 Hours | 40 PSI | 40 PSI | NA | |
| Actual Prod. During Test | Oil-Bbis. | Water - Bbls. | Gas-MCF | |
| | 100 | 25 | 82 | |
| | · | | GoK: 820 | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | |
| Actual Float 1001 Mol/B | | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | |
| | | | | |
| . CERTIFICATE OF COMPLIAN | NCE | OIL CONSER | VATION COMMISSION | |
| | | 1 1 1 1 1 1 | | |
| I hereby certify that the rules and | regulations of the Oil Conservation | APPROVED | , 19 | |
| Commission have been complied above is true and complete to the | with and that the information given he best of my knowledge and belief. | BY | ill fine | |
| • | _ | CHUSDIN | SOR DISTRICT A | |
| | | TITLE COUPLANT | | |
| | O. Oois | | n compliance with RULE 1104. | |
| - MZ | vi ración | well, this form must be accom | lowable for a newly drilled or deepened upanied by a tabulation of the deviation | |
| \ \ \ | nature) | tests taken on the well in ac | cordance 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.

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.