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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

I. Operator CONOCO INC.

Address P. O. Box 450, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) Respectfully request allowable assignment for this newly completed well

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	<u>Jack B-17</u>	Well No.	<u>7</u>	Pool Name, Including Formation	<u>Langlie Mattix 7 Rivers Qu</u>	Kind of Lease	<u>State</u>	Federal or Fee	<u>NM U3</u>	Lease No.	<u>21613</u>
Location											
Unit Letter	<u>C</u>	<u>990</u>	Feet From The	<u>N</u>	Line and	<u>1650</u>	Feet From The	<u>E</u>			
Line of Section	<u>17</u>	Township	<u>24-S</u>	Range	<u>37-E</u>	, NMPM,			<u>Lea</u>	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<u>Conoco, Inc. Surface Trans.</u>	Address (Give address to which approved copy of this form is to be sent)	<u>Hobbs New Mexico 88240</u>				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent)	<u>Midland, Texas 79701</u>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	
	<u>C</u>	<u>17</u>	<u>24S</u>	<u>37E</u>	<u>Yes</u>	<u>3-18-80</u>	

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded	<u>2-4-80</u>	Date Compl. Ready to Prod.	<u>3-8-80</u>	Total Depth	<u>3720</u>	P.B.T.D.	<u>3675</u>	
Elevations (DF, RKB, RT, GR, etc.)	<u>3285</u>	Name of Producing Formation	<u>SEVEN RIVERS & QUAM</u>	Top Oil/Gas Day	<u>3610</u>	Tubing Depth	<u>3644</u>	
Perforations	<u>3402-3644</u>	(TOP QUAM 3494')		Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 3/8</u>	<u>1225</u>	<u>598</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>3720</u>	<u>1120</u>
	<u>2 3/8</u>	<u>364</u>	

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	<u>3-8-80</u>	Date of Test	<u>3-28-80</u>	Producing Method (Flow, pump, gas lift, etc.)	<u>GOR</u>
Length of Test	<u>24 hours</u>	Tubing Pressure	<u>40 p.s.i.</u>	Casing Pressure	<u>40 p.s.i.</u>
Actual Prod. During Test	<u>42</u>	Oil - Bbls.	<u>42</u>	Water - Bbls.	<u>58</u>
				Gas - MCF	<u>110</u>

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

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.

Jane A. Hui
(Signature)
Administrative Supervisor

APR 1 1980
(Date)

NMOC(5) 45952, NM F(4) F(1)C(1)

OIL CONSERVATION COMMISSION

APPROVED APR 1 1980
BY Jerry Carter
TITLE SUPERVISOR DISTRICT I

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.

OIL CONSERVATION DIV.

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INCLINATION REPORT

OPERATOR Conoco Incorporated ADDRESS PO Box 460, Hobbs, New Mexico 88240
 LEASE NAME Jack B 17 WELL NO. 7 FIELD _____
 LOCATION Section 17, T-24S, R-37E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
500	1/2	4.3500	4.3500
900	1	7.000	11.3500
1225	1	5.6875	17.0375
1675	3/4	5.8950	22.9325
2082	1	7.1225	30.0550
2582	1 1/4	10.9000	40.9550
2838	1 3/4	7.8080	48.7630
3405	1 1/4	12.3606	61.1236
3720	1	5.5125	66.6361

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

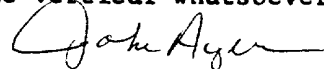
CACTUS DRILLING COMPANY



TITLE John Ayers, Office Manager

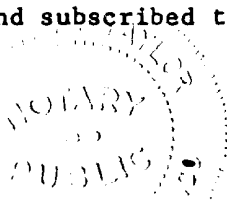
AFFIDAVIT:

Before me, the undersigned authority, appeared John Ayers
 known to me to be the person whose name is subscribed herebelow, who, on making
 deposition, under oath states that he is acting for and in behalf of the operator
 of the well identified above, and that to the best of his knowledge and belief such
 well was not intentionally deviated from the true vertical whatsoever.

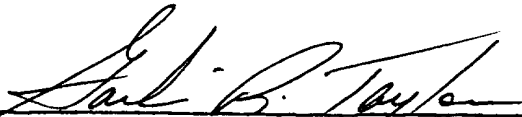


AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 23rd day of February, 19 80



SEAL



Notary Public in and for the County
 of Lea, State of New Mexico

MY COMMISSION EXPIRES FEBRUARY 2, 1981

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