Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Conoco Inc. 300392160500 Address 3817 N.W. Expressway, Oklahoma City, OK 73112 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Pormetion Kind of Lease 007 1910 Na 609 000 650 9 ICAKUL WLINDEITH LINDENHEALLONDAKOTA WST Location Peet From The POUTH Line and 770 Feet From The WEST Unit Letter 252 Township Rio Arriba Range NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate XXX Giant Refining Co. 23733 N.Scottsdale Rd., Scottsdale, AZ 85255 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent)

15 TO AM PAZA, FARMINGTON, NM 8740/ Z or Dry Gas H8(t If well produces oil or liquids, Dalı Sec is gas actually connected? 122 give location of tanks. 125N 4W MES If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'y Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. 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** . 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 dependent OIL WELL Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) AUG 0 6 1990 Length of Test Tubing Pressure Choke OIL CON. DIV Casing Pressure Actual Prod. During Test DIST. 3 Water - Bbla. Oil - Bhis. Cu- MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate l'esting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-la) Choke Size

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.

VI. OPERATOR CERTIFICATE OF COMPLIANCE

Barto

Date

Signature U. E. Barton Printed Name

Administrative Supr. THIS (405) 948-3120

OIL CONSERVATION DIVISION

Date Approved

0 0 1990

By.

DEPUTY OIL & GAS INSPECTOR, DIST, 43 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.
- 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.