Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

<u>ISTRICT III</u> 000 Rio Brazos Rd., Azzec, NM 1	27 410	Santa Fe, Nev	v Mexico 87504-20	088			
No roo bleace Rit, Alba, 1919	REQUES	T FOR ALLOV	VABLE AND AUT	HORIZATIO	N		
perator	10	THANSPORT	OIL AND NATUR		II API No.		
CONOCO INC					30-039-216	i69	
10 Desta Driv	e Ste 100W. M	idland, TX	79705		40 000 210		
uson(s) for Filing (Check proper	box)		Other (Pie	ase explain)			
w Well		ege in Transporter of:	TO MATO	THR C-10	A INFORMAT	ION TO THE	
ange in Operator	Oil Caringhead Gas	Dry Gas Condensate	ONGARD	AUDIT INFO	RMATION SH	EETS	
nange of operator give name address or previous operator		W. commen	<u> </u>				
DESCRIPTION OF W	ELL AND LEASE						
ee Name ICARILLA 20		No. Pool Name, Inc			d of Lease	Lease No.	
ation		LINDRITH	GALLUP-DAKOTA	WEST Sum	e, Federal or Fee	CONTRACT 6	
Unit LetterN	: 960	Feet From The	SOUTH Line and	1650	W	RST	
19	25 M				Feet From The W	Lis	
Section To	waship 25 N	Range	04 W NMPM,	RIO ARRI	BA	County	
DESIGNATION OF T	RANSPORTER O	OIL AND NAT	TURAL GAS				
as or unmanagement Transhorres, of a	01 or Co	edenante XX	Address (Give addre	ss to which approve	d copy of this form	is to be sent)	
s of Authorized Transporter of	•	Y or Dry Gas	P.O. BOX 33	8, BLOOMFI	ELD, NM. 8	7413	
NOCO, INC (005097))	<u> </u>	Address (Give address 10 DESTA D	R STE 100W	et copy of this form . MTDLAND	is to be sent) TY 707∩5	
all produces oil or liquids, ocation of tanks.	Unit Sec.	Twp. R	ge. Is gas actually come	cted? Whe		1A 13105	
production is commingled with	E 18	[25N 04W	YES				
COMPLETION DATA		or poor, give contain	signing cares, manner.				
esignate Type of Complet	pion - OO	Vell Gas Well	New Well Works	over Deepen	Plug Back San	ne Res'v Diff Res'v	
Spudded	Date Compi. Read	ly to Prod.	Total Depth		P.B.T.D.		
vations (DF, RKB, RT, GR, etc.) Name of Producing Form		- Farmerina	Top Oil/Gas Pay	Ton Oil/Coo Pau			
		; rommog	. op Oboat ray		Tubing Depth		
rations					Depth Casing Sh	06	
·	TIRIN	G CASING AND	D CEMENTING RE	<u>~~?</u>			
HOLE SIZE	CASING &	CASING & TUBING SIZE		DEPTH SET		VS CEMENT	
					E E	VEIN	
				4	DEC29H	393	
EST DATA AND REQU							
WELL (Test must be affirst New Oil Rus To Tank	er recovery of total volume	ne of load oil and mu	st be equal to or exceed to	op allowable for this			
	Date of 188		Producing Method (Flo	ov, pump, gas lift, a	e.) DIST.	3	
th of Test Tubing Pressure		· · · · · · · · · · · · · · · · · · ·	Casing Pressure		Choks Size		
Prod. During Test	Oil - Bbls.		Water - Phis		Con Mari		
	Oil - Boils.		Water - Bolk		Gas- MCF		
WELL							
Prod. Test - MCF/D	Length of Test	Length of Test		Bbia. Condensete/MMCF		Gravity of Condensate	
Method (pilot, back pr.)		Tubing Pressure (Shut-in)		3			
, (p) pr./	resent Lieumie (3)	KS-15)	Casing Pressure (Shin-i	a)	Choke Size		
PERATOR CERTIF	TCATE OF COM	PLIANCE	ir			-	
reby certify that the rules and re-	stuistions of the Oil Con-	ervation.	OILC	ONSERVA	TION DIV	'ISION	
raion have been complied with a rue and complete to the best of n	and that the information a	ives above		DFO	2 9 1993		
V			Date Appro	ved			
Richt &	me Rly			300	d. 1		
BILL R. KEATHLY	SR. REGULAT	ORY SPEC.	By				
ted Name -17-93		Title	Title	SUPERVIS	OR DISTRIC	T #3	
エリーコン	915-686-	D424	11 11116		_		

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

Date

- 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.

Telephone No.

- 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.