Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Conoco Inc.	Well API No. 3003921X4000										
Address 3817 N.W. Ex	กรองเพลง	Oklahor	na City (K 7311	— — :- 2						
Reason(s) for Filing (Check proper bo	z)	OKIGIIOI	iia city, t		c. et (Please expl	lain)					
New Well		Change in Ti	ansporter of:								
Recompletion	Oil	(D	ry Gas								
Change in Operator	Casingher	d Gas 🚺 C	ondensate D								
change of operator give name address of previous operator											
L DESCRIPTION OF WEI	L AND LE		· · · · · · · · · · · · · · · · · · ·	·				·			
Lease Name							of Lease No. Federal of Fee /1 _ /2 /				
	TY ACHE N 184 BLANCO /				ESAVERDE (GAS) ST			<u> </u>	121		
Location Unit Letter	. a	90 .		S	. //-			E			
//	·		ect Prom The	Lin	e and	7 /	et From The _		Line		
Section // Town	athlp 25	<u>~ ~ R</u>	ange 4	א, נג	MPM, K	JO AK	<u> 2184</u>		County		
II. DESIGNATION OF TR	ANSPORTE	R OF OIL	AND NATU								
Name of Authorized Transporter of O	'	or Condensa	e KAI	Address (Gir	e address to w	hich approved	copy of this fo	rm is to be se	nt)		
						23733 N. Sporspale R. Sporrspale AZ 85355					
Name of Authorized Transporter of C		.,□ ∘	Dry Gas	Address (Gi	e address to w			rm is to be se	nt)		
AS COMPANY OF		1000	111-	HO. BOX	1899,6	LOOME	od NI	W 874.	13		
f well produces oil or liquids/ ve location of tanks.	Unit	Sec. T	wp. Rge.	is gas actual	y connected?	When	7				
				45	<u> </u>						
this production is commingled with to V. COMPLETION DATA	hat from any oth	er lease or po	ol, give comming	ing order sum	ber:						
	(V)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completi		pl. Ready to P	<u> </u>	Total Depth	<u></u>		, <u> </u>				
	p.: 1023y 10 1		e-opui			P.B.T.D.					
levations (DF, RKB, RT, GR, etc.)	roducing Forn	ation	Top Oil/Gas Pay			Tubing Depth					
Perforations					<u> </u>			Depth Casing Shoe			
							Copul Cally	, unce			
	7	TUBING, C	ASING AND	CEMENTI	NO RECOR	SD CO	•		····		
HOLE SIZE	CA	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT .			
- 	EOT FOR			l							
. TEST DATA AND REQU											
OIL WELL (Test must be aft Date First New Oil Run To Tank			load oil and must					or full 24 hou	72.)		
Ate Pirk New Oil Rus 10 1 kmk	Date of Te	:		Producing M	ethod (Flow, p	ump, gas lift, e 🔊 🖪 😤 🖫	(c.)				
ength of Test		· · · · · · · · · · · · · · · · · · ·		1#0			10.0				
zengui oi Test	Tubing Pre	essure		Casing Press	ne ·		Cholds Size				
Actual Prod. During Test	01 511			Wester Polis	à nat	र राजधान	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
record stoor trained test	Oil - Bbls.			Water - Bbis	001	प्र भित्रत	Gas- MCF				
GAS WELL	l				DIL CC	NU. DI	¥				
Actual Prod. Test - MCF/D	Bbla. Condensate MM 151. 3 Gravity of Condensate										
esting Method (pitot, back pr.)	back pr.) Tubing Pressure (Shut-in)			(8-21-)			Choka Siza				
wing rection (prior, seek pr.)	Tubing 110	reading (SUR-E)			Casing Pressure (Shut-in)			•			
I. OPERATOR CERTIF	ICATE OF	COMPI	IANCE	ار			<u> </u>		'		
			-	(OIL CON	NSERV	1 NOITA	DIVISIO)N		
I hereby certify that the rules and regulations of the Oli Conservation Division have been complied with and that the information given above					OCT 0 3 1990						
is true and complete to the best of a				Dete	Annuatus		00100	טבכו			
()() Qah				Date	Approve		<u> </u>				
Signature					By_ 3.1) Sharf						
Land. E. Barton	Admin	<u>istrativ</u>		-,-		SUPER	ISOR DIS	STRICT	<i>‡</i> 3		
Printed Name 90	(40	T -948 (55	itle 3120	Title					. 		
Date			one No.	11		•					

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.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.