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Appropriate District Office
DISTRICT |
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, Astonia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

I.	REC	UEST FO TO TRA	OR AL NSP(LOWA	BLE AND	AUTHOF	RIZATION				
Operator TNIC	conoco inc					Well API No.					
Address							3	0-039-219	86		
10 Desta Drive S	Ste 100W	, Midlar	nd, T	X 797	'05						
Reason(s) for Filing (Check proper bo	x)		_		Ot	her (Please exp	olain)				
New Well Recompletion	Oil	Change in	Transpor		TO 1	AATCH TH	E C-104	INFORMAT	ION TO	THE	
Change is Operator		eed Gas VV	•		UNGA	ARD AUDI	T INFOR	MATION SH	EETS		
If change of operator give same and address of previous operator						 				-	
•	T AND 11	EA CD		· - · · ·			<u></u>			- ·	
IL DESCRIPTION OF WEL	L AND L		Pool Na	me Includ	ing Formation		Kind	of Lease	1 1	esse No.	
JICARILLA 30		#							Fortest or Fee CONTRACT 410		
Location F							 			110	
Unit Letter	<u> : 207</u>	0	Feet Pro	The NO	RTH_Lie	<u> 19</u>	<u>80 </u>	set From The $\frac{W}{L}$	EST	Line	
Section 32 Town	mahip 25	N	Range	04	W .N	MPM RI	O ARRIB	A		County	
THE DESCRIPTION OF THE										COMMY	
III. DESIGNATION OF TRANSPORT OF Authorized Transporter of Oil	ANSPORT	ER OF OI or Conden					hich amount	d acres of this for	ia ta ba a	()	
GIANT REFINERY (009018)					Address (Give address to which approved copy of this form is to be sent) P.O. BOX 338. BLOOMFIELD. NM. 87413						
Name of Authorized Transporter of Casinghead Gas VV or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
CONOCO INC (005097) If well produces oil or liquids,	l Unit							MIDLAND, TX 79705			
give location of tanks.	H		-	04W	is gas actuali YES	y comedes.	What	17			
If this production is commingled with the	est from any o					ber:					
IV. COMPLETION DATA		(O2 77/-11				1)		_	
Designate Type of Completic	on - (X)	Oil Well		as Weil	New Well	Workover	Deepea	Plug Back S	ame Res'v	Diff Res'v	
Data Spudded	Date Cos	npl. Rendy to	Prod.		Total Depth	<u> </u>	-1	P.B.T.D.		L	
Elevations (DF, RKB, RT, GR, etc.)	Name of	Denducina Co			Top Oil/Gas	Pav					
Constant (Dr. Farb, Rr., Or, etc.)	I VALUE OI	Name of Producing Formation				1.10			Tubing Depth		
Perforations									Depth Casing Shoe		
		T IBBIO	CASTA	C 43/70	(T) (T) TT	VC RECOR	<u> </u>				
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								n F	DECEINE		
V. TEST DATA AND REQU								M.	. W		
OIL WELL (Test meet be after	recovery of i	lotal volume o	f load oil	and must	be equal to or	exceed top all	owable for thi	e depth or be for	\$41.31 hay	7000	
Date First New Oil Rua To Tank	Date of T	Date of Test				sthod (Flow, pr	omp, gas lift, d	sc.)	- ⊌& ∂	1333	
Length of Test	Tubing Pr	TERUT			Casing Press	ine		Choke Size	CON	l Dr	
								<u> </u>	CARL S		
Actual Prod. During Test	Oil - Bbis.			Water - Bols.			Gas- MCF	GM- MCF			
GAS WELL				· · · · · · · · · · · · · · · · · · ·	<u></u>	······································		1			
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conden	man/MMCF		Garrierol Con	denssite	1	
					;						
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choks Size		
17 APPR 4 MAR APPR								<u> </u>	_		
VL OPERATOR CERTIFI				JE		DIL CON	ISERV	ATION D	IVISIC	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					DEC 2 9 1993						
is true and complete to the best of m	y knowledge :	and belief.			Date	Approve					
But Son Alex							۲ ۲	du			
Signature Co. M. A. C.					By SUPERVISOR DISTRICT 13						
BILL R. KEATHLY Printed Name	SR. RE	GULATORY		U		S	UPERVIS	OR DISTR	101 74	•	
12-17-93			Title								
Date	915	-686-542	Title 24		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.
- 2) 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.