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

State of New Mexico Energy, Minerals and Natural Resources Department

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

ī	T	OTRA	NSF	PORT OIL	AND NA	TURAL G	AS				
Operator Conoco Inc.									191 No. 193922299000		
Address		<del></del>					Ju	3930	2700		
3817 N.W. Expr	essway,	Oklah	oma	City, C	K 7311	2					
Reason(s) for Filing (Check proper box) New Well		<b>~</b>	_		Otl	ret (Please expl	ain)				
Recompletion	Oil	Change in	Dry (								
Change in Operator	Casinghead	<del></del>	•	lensate 🕅							
If change of operator give name			-							J	
•	ANDIEA	CE:					<del>.</del>			<del></del>	
II. DESCRIPTION OF WELL Lease Name			Pool	Same Inches	ne Formetice		1 Pind	of Lease	<del>-,-,</del>	ease No.	
AKI ASARHE N	Well No.   Pool Marne, Including				<i>I</i> -			Federal or Fe			
Location				THE PLAN	ICJAD C.	SE (EM)	· · · · · · · · · · · · · · · · · · ·	<u>D/AIU</u>		<u> /                                  </u>	
Unit Letter	_ :	170	Feet	From The	N Lin	ne and	20 F	et From The	E	Line	
Section /2 Townshi	· 250	J	Rang	. II.	٠. د	IMPM. K	PU ATO	10 BA			
Overes 10 Hand	<u> </u>		reaug		, N	mrm, (\	IO MIC	TC TON		County	
III. DESIGNATION OF TRAN				ND NATU							
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this									1		
Name of Authorized Transporter et Casinghead Gas, or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
OAS COMBAUN OF Now Moroso					P.O. BOX 1899 GLOWWFIELD NM 87413						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actual	ly connected?	When	7			
If this production is commingled with that	from any other	t lease or r	~~! e	rive commine	1 1 E	<u> </u>	i				
IV. COMPLETION DATA		0, ,	,,,,,	o constitue	ing older fluit				· · · · · · · · · · · · · · · · · · ·		
Designate Type of Completion	- (X)	Oil Well	丁	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
a Spudded Date Compl. Ready			Prod.		Total Depth	<u></u>	<u> 1</u>	 	<u> </u>	_1	
San Sonip. Really to Flori					1			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing Depth						
Perforations					Deeth Codes S						
·						,		Depth Casin	g Snoe		
	TUBING, CASING AND					NG RECOR	D	<u> </u>	•		
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		!	SACKS CEMENT .		
					ļ.,	·	<del></del>	-			
				<del>~ · · · · · · · · · · · · · · · · · · ·</del>				-	····		
	57 FOR 1										
V. TEST DATA AND REQUES OIL WELL (Test must be after t					he amed to m			- J	6 6 H 64 L	•	
Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)					
	Tubing Pressure				ไ	A B P	BIN	F Ti	16		
Length of Test					Casing Press		OF A CA	Choke Size			
Actual Prod. During Test	Oil - Dhia	Oil - Bbls.				201	תמסר פ	Gas- MCF			
Throat 110m Parish 1446	Oil - Bois.				Water - Bbis	• 061	2 1990	Gas- MCF			
GAS WELL		·			<del>!</del>	OILC	D. NC	V.			
Actual Prod. Test - MCF/D	Bbls. Conde		ST. 3	Gravity of C	Condensate	,					
Total Add Add Add Add Add Add Add Add Add Ad		1		,							
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	I IA	NCE	<u> </u>			<u> </u>	<del></del>		
I hereby certify that the rules and regulations of the Oil Conservation					(	OIL CONSERVATION DIVISION					
Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.					OCT 0 3 1990						
					Date	e Appro <b>∜</b> e	d				
Ww Dale											
Signature  000 J. F. Barton Administrative Supp											
Administrative Supr. Printed Name Title					SUPERVISOR DISTRICT #3						
4-10-40	(40	5) 948		20	Intle					<del></del>	

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.