Su' mit 5 Copies
Appropriate District Office
DISTRICT J
F.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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

•	TO THAIRST ONLY	OIL AND NATOTIAL GAG
Operator Conoco Inc.		Weit AFT No. 300393233000
Address		40079700
	ressway, Oklahoma City,	
Reason(s) for Filing (Check proper box)		Other (Please explain)
√le₩ Well	Change in Transporter of:	
Recompletion	Oil Dry Gas	<u> </u>
Change In Operator	Casinghead Gas [Condensate [·
change of operator give name		
ad address of previous operator	LANDIRACE	
I. DESCRIPTION OF WELI		chating Formation Kind of Lease Lease No.
Lease Name	Well No. Pool Name, Inc	ordered to the stock
N.E. HADNES	16 NIETO	BALLOS State Federal or Fee C-36
Location	2	- 1200
Unit Letter	:	5 Line and Feet From The Line
	21(1)	5w, NMPM, RIO ATERCIBA County
Section / Towns	while $\alpha 4N$ Range α	SW, NMPM, KIO AFTERCIBA County
II. DESIGNATION OF TRA	INSPORTER OF OIL AND NA	TURAL GAS
Name of Authorized Transporter of Oil		Address (Give address to which approved copy of this form is to be sent)
MANTEFINING (D	de -	23733N. 2017SDALERY SOUTSDALE, AZ 15355
Name of Authorized Transporter of Cas	singhead Gas [X] or Dry Gas [Address (Give address to which approved copy of this form in to be sent)
CONDED INC.		38/7 N.W. EXPRESSIVA, DK AHOMACUM, OK 231/2
If well produces oil or liquids,	Unit Sec. Twp,	Rge. Is gas actually connected? When?
ive location of tanks.	P 16 24N 50	S* * - * - * - * - * - * - * - * - * -
		12 12 1
•	nat from any other lease or pool, give comm	ningling order number: DINC - 463
V. COMPLETION DATA		
Designate Time of Completis	Oil Well Gas Wel	ell New Well Workover Deepen Plug Back Same Res'v Hill Res'v
Designate Type of Completion		
Date Spudded	Date Compl. Ready to Prod.	Total Depth P.B.T.D.
		Top Oil/Gas Pay Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Tubing Depth
		D. J. C. J. Phys
Perforations		Depth Casing Shoe
	TUBING, CASING A	ND CEMENTING RECORD
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET SACKS CEMENT .
TIOLE GILL	0/10/1/0 0 1/05/1/0 0/20	
		
I TOOK BITTING BEAL	LECT EOD ALL OWARLE	
V. TEST DATA AND REQU	EST FUR ALLOWABLE	the state of the s
		I must be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Plow, pump, gas tyl, etc.)
		Casing Diseases (A) 13 p 24 ray Choke Size
Length of Test	Tubing Pressure	Casin Program
Actual Prod. During Test	Oil - Bbls.	Water Bya.
•		AUG 2 9 1990
		u h
GAS WELL		Bble Colling TON DIVI Oravity of Contended
Actual Prod. Test - MCF/D	Length of Test	
		DIST S OF CORTON
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Fressure (Shut-in) Croke Size
		0157, 3
THE COURT ATTOM CENTER	TO A TEL OF COLUMN LANCE	
	FICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and re	egulations of the Oil Conservation	
Division have been complied with	and that the information given above	C 17 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
is true and complete to the best of	my knowledge and belief.	Date Approved
1.20 1		
NE BOLO		
Signature		By
J. E. Barton	Administrative Supr	11 SURFRVISOR D.STE CT 4.5
Printed Name	Tide (405) 948-3120	Title
Data	(405) 948-3120 Telephone No.	
Date	retebuone 140.	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.
- 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.

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

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

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, Artenia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	TOTRA	INSPORT OIL	AND NAT	URAL GA		E 11		,	
Conoco Inc.			30		39223200				
Address	ressway, Oklah	oma City Ol	73112						
Reason(s) for Filing (Check proper box)		Onia Cicy, Oi		(Please expla	in)		·····		
Vew Well		Transporter of:		(- · · · · · · · · · · · · · · · · · · ·	•				
Recompletion	Oil bry Gas								
Change in Operator	Casinghead Gas	Condensate 🔀				 			
change of operator give name ad address of previous operator									
I. DESCRIPTION OF WELL	L AND LEASE								
Lease Name	Well No.	Pool Name, Includir						se No.	
N.E. HAZNOS	1/5	BASIN D	AKUTA (645)	Suite,	Federal 94 Fes	1 C-3	<u> </u>	
Location	. 990	Feet From The	≤ Line	and //	430 m	et From The	E	Line	
Unit Letter	06	. سم			Λ	_			
Section 7 Town	thip 24N	Range Ju) , NM	IPM,	o Aice	(84		County	
II. DESIGNATION OF TRA			RAL GAS					.1	
Name of Authorized Transporter of Oil	or Conde	nsate 🔯	Address (Give	address to w	hich approved	copy of this for	Marie 10 be sen		
BIANT KEFINING (<u>). </u>	The state of the s	#1733 N		ALE Kd,	COTTEDA	TE HU	75755	
Name of Authorized Transporter of Co	tinghead Gas	or Dry Gas 🔯	Address (Give		•	Copy of this for	11 (1)	70 73112	
LONDED /NC.	Unit. Sec.	Twp. , Rge.	is gas actually		=22004	201		IC/ SIL	
If well produces off or liquids, give location of tanks.	Unit Sec.	241 FW	use scusing		i TORES		•		
f this production is commingled with th	at from any other lease of				HCde	3			
V. COMPLETION DATA	How any built touse of	kand Brie animing			7.0	- 5:			
	Oil We	I Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	HIT Res'v	
Designate Type of Completic	on - (X)	j	i i		<u>L</u>	<u> i</u>		<u></u>	
ate Spudded Date Compl. Ready to Prod.			Total Depth			P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing I	Top Oil/Gas Pay			Tubing Depti	Tubing Depth			
				Depth Casing Shoe					
Perforations						Debu Critical	glonoe		
	Tibbic	CACINIC AND	CEMENTI	IG PECOT	<u> </u>				
LIOVE DIZE	CASING & 1	CEMENTING RECORD DEPTH SET			,	SACKS CEMENT .			
HOLE SIZE	UASING &	JOHNG SIZE		DEI 111 OE	<u></u> _	-	150 CEMENT		
V. TEST DATA AND REQU	EST FOR ALLOW	ABLE			-			. 1	
	er recovery of total volum	e of load oil and mus	be equal to or	exceed top al	lowable for th	is depth or be f	for full 24 hou	75.)	
Date First New Oil Run To Tank	Date of Test		Producing M	ethod (Flow, p			7 A A A	i na na 1	
·			Casing Press			Color Size	2 12	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Length of Test	Tubing Pressure		Casing Frees		··- 4 14 1		ia wa⊬ 'n⊲a' '		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis	Aligo	9 1990	Uni MCF	SEP2 &	1990	
LINGS TIME SMILLE TOOL	J Dois.			11002	0 1000	`	UNIT AS TA	1000 	
GAS WELL			· — ——	HL CC	N. DI	<u>v. oli</u>	l CON	6 L.W.	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conde	mic/MMC	ir. 3	Gravity of C	TOIST.	3	
Testing Method (pitot, back pr.)	Tubing Pressure (Si	rut-in)	Casing Press	ure (Shut-in)		Choke Size			
i certiff tatenton (hnor' oner la 1		•							
VI. OPERATOR CERTIF	ICATE OF COM	PLIANCE					D111010	241	
I hereby certify that the rules and r				OIL CO	NSERV	/ATION	DIVISIO	אכ	
Division have been complied with	and that the information a	iven above	∦ .				2 1 :5		
is true and complete to the best of	my knowledge and belief.		Date	Approv	ed	1 L 1 60	<u> </u>		
\\ (D . 1						1	/		
Balon			∥ By_		3.1	.) ('.'.	<u> </u>		
Signatulre J. E. Barton	Administra	tive Supr.	· · · -		SUPER	VISOR DIS	STRICT	3	
Printed Name		Title	Title)					
Pois		48-3120 elephoné No.			,				
Date	1	cichione Lar	il .						

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