

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



Operator
Conoco Inc.
Address
P.O. Box 460 Hobbs, NM 88240

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 20	Well No. 8	Pool Name, Including Formation West Lindrith/Gallup Dakota	Kind of Lease State, Federal or Fee Indian	Lease No.
Location Unit Letter <u>D</u> ; <u>770</u> Feet From The <u>North</u> Line and <u>760</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>25N</u> Range <u>4W</u> , NMPM, Rio Arriba Count				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1910, MIDLAND, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) PETROLEUM PLAZA, 30TH ST. FARMINGT	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 19
	Twp. 25	Rge. 4
	Is gas actually connected? No	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Re: <input type="checkbox"/>
Date Spudded 5-15-81	Date Compl. Ready to Prod. 7-10-81		Total Depth 7650'		P.B.T.D. 7636'			
Elevations (DF, RKB, RT, GR, etc.) GL 6904	Name of Producing Formation Gallup Dakota		Top Oil/Gas Pay 6550'		Tubing Depth 7498'			
Perforations Gallup: 6554'-6767' Dakota: 7397'-7609'					Depth Casing Shoe 7649'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		281'		220			
7-7/8"	5-1/2"		7649'		1480			
	2-3/8"		7498'					

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7-10-81	Date of Test 8-6-81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 80	Casing Pressure 580	Choke Size Open
Actual Prod. During Test 40 bbls	Oil-Bbls. 30 bbls	Water-Bbls. 10 bbls	Gas-MCF 200 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

M. E. [Signature]
(Signature)
Administrative Supervisor
(Title)
9-23-81
(Date)

OIL CONSERVATION DIVISION

SEP 29 1981

APPROVED _____

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-