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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

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 Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ĭ.		TO TRAN	SPORT O	L AND NA	ATURAL G	AS				
Conoco Inc.					Well API No.					
Address		30039217400								
3817 N.W. Expi	ressway,	Oklahom	na City,	OK 7311	12			•		
Reason(s) for Filing (Check proper box) New Well		Channe in To-		O <sub>1</sub>	her (Please expl	lain)	,	<del></del>		
Recompletion	Oil	Change in Tr	nsporter of:							
Change in Operator	Casinghead		ondensate 🔀							
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA	SE							<del></del>	
Lease Name N. E. HALNES	ing Formation  TIC TURES (1FF)  Kind of State, Pe			of Lease Federal or Fe		ease No.				
Location Unit Letter	. 102	80	et From The	.5		650		E		
Section / Townsh	ip 24	1	inge 50	. 1	<u>بر</u>		et From The		Line County	
III DESIGNATION OF TRAN	Venonaer.	05.011	4 3 223 3 2 4 4000							
III. DESIGNATION OF TRAP Name of Authorized Transporter of Oil		or Condensate			we address to wi	hich anormed	come of this	form is to be a	aud)	
GIANT REFINING (	<u>Z.                                    </u>		<u> </u>		SCOTTSY			- 11	AZ 85253	
Name of Authorized Transporter of Chair	ighead Gas	Ot Ot	Dry Gas	Address (Gi	ye address in w	hich approved	copy of this	form is to be s	ent)	
If well produces oil or liquids, Unit Sec. Twp, Rge. Is gas actually connected? When?								omo Cir	OC 731/2	
give location of tanks.	$\perp P$ i	16 120	WI SW	IMA	یخ	WINCE	, 0	O		
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or pool	l, give comming	ling order nur	ber: F	LC-58				
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations					Depth Casing Shoe					
	CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			<u>January II</u>	DEPTH SET			SACKS CEMENT .		
	<del> </del>		····				<b> </b>	· · · · · · · · · · · · · · · · · · ·		
U TECT DATA IND BEOLIS										
V. TEST DATA AND REQUES OIL WELL (Test must be after t				he equal to some						
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	ļ <u> </u>	· · · · · · · · · · · · · · · · · · ·		- C-3 11 AA C-3						
rengin or less	h of lest Tubing Pressure			Casing	e Get	VE	Choke Size	<b>A</b> ***	the en min	
Actual Prod. During Test	g Test Oil - Bbls.			Wast Bbis		15	<b>ID).虚</b>	<del>CEI</del>	VEN	
	<u> </u>		714.	<i>                                     </i>	AUG2 9 19	990	M			
GAS WELL Actual Prod. Test - MCF/D	-11			Oll	CON	DIV	SI	EP 2 4 19	90	
Actual Prod. 1est - MCF/D	Length of Te	est		Bbls. Condensate/MMCF* DIV DIST. 3			Onvity of C	CON:	AIV.	
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Press.			Choke Size	DIST. 3	DIV.	
VI. OPERATOR CERTIFIC	ATE OF	CONIDI I	ANCE	<u> </u>	——————————————————————————————————————	<del></del>	<u> </u>			
I hereby certify that the rules and regula	ations of the O	il Conservatio	n	(	DIL CON	SERVA	I NOITA	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved SEP 2 5 1990						
18 Bate				Date	, ipproved			Λ		
Signature				By						
J. E. Barton Printed Name	Administrative Supr.				SUPERVISOR DISTRICT 42					
	(405) 948-3120				Title					
Date		Telephon	ė 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.
- 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.

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