

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-------------|
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| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.O.B. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | NATURAL GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

| | |
|--|---|
| Operator Conoco Inc. | |
| Address P.O. Box 460 Hobbs, NM 88240 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

| | | | | |
|----------------------------|-----------------|--|--|------------------------------|
| Lease Name Jicarilla 22 | Well No. 12 | Pool Name, including Formation Lindrith Gallup Dakota, West | Kind of Lease State, Federal or Fee | Lease No. Indian Cont. 65 |
| Location | | | | |
| Unit Letter H | 1650 | Feet From The North | Line and 850 | Feet From The East |
| Line of Section 15 | Township 25N | Range 4W | NMPM, Rio Arriba | County |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|--|------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Shell Pipeline | P. O. Box 1910, Midland, TX 79702 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| El Paso Natural Gas Co. | Petroleum Plaza, 30th St. Farmington, NM | |
| If well produces oil or liquids, give location of tanks. | Unit D | Sec. 22 |
| | Twp. 25 | Rge. 4 |
| | Is gas actually connected? Yes | When 11-16-81 |

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. Res'v. <input type="checkbox"/> |
| Date Spudded 6-21-81 | Date Compl. Ready to Prod. 9-3-81 | Total Depth 8154' | P.B.T.D. 8120' | | | | | |
| Elevations (D.F., R.K.B., RT, GR, etc.) GL - 7075' | Name of Producing Formation Gallup Dakota | Top Oil/Gas Pay 6926' | Tubing Depth 7956' | | | | | |
| Perforations Gallup - 6926' - 7203'; Dakota - 7761' - 8023' | Depth Casing Shoe 8142 | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|------------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12-1/4" | 8-5/8" | 430' | 300 |
| 7-7/8" | 5-1/2" | 8142' | 1550 / 1800 |
| | 2-3/8" | 7956' 7982 | |

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 Now Oil Run To Tanks 9-11-81 | Date of Test 11-25-81 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hr | Tubing Pressure 110 | Casing Pressure 1200 | Choke Size Open |
| Actual Prod. During Test 114 | Oil-Bbls. 42 | Water-Bbls. 72 | Gas-MCF 154 |

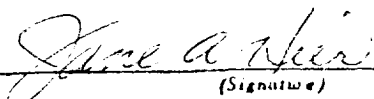
GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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

OCD(5) USGS(2) NMFU(4) File

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.



Administrative Supervisor

(Title)

3-15-82

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19

Original Signed by FRANK T. CHAVEZ

BY _____

TITLE _____

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 allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply