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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc.		Well API No. 30-039-24271
Address P. O. Box 460, Hobbs, New Mexico 88240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

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OIL CON. DIV
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 20	Well No. 12	Pool Name, Including Formation Lindrith Gallup Dakota West	Kind of Lease I State, Federal or Fee	Lease No. Contract #64
Location Unit Letter E : 1785 Feet From The N Line and 335 Feet From The W Line Section 18 Township 25N Range 4W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, N. M. 87413					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 20	Twp. 25N	Rge. 4W	Is gas actually connected? Yes	When? 12-11-88

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9-29-88	Date Compl. Ready to Prod. 12-2-88		Total Depth 8212'		P.B.T.D. 8176'			
Elevations (DF, RKB, RT, GR, etc.) 7370'	Name of Producing Formation Gallup/Dakota		Top Oil/Gas Pay 7010'		Tubing Depth 8042'			
Perforations 7010' - 7124', 7176' - 7306', 7862' - 8068'					Depth Casing Shoe 8212'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 420'		SACKS CEMENT 300 Sx			
7-7/8"	5-1/2"		8212'		1300 Sx.			
	2-3/8"		8042'					

V. 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 Tank 12-8-88	Date of Test 2-16-89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure SITP 560 PSI	Casing Pressure SICP 910 PSI	Choke Size
Actual Prod. During Test 34	Oil - Bbls. 21	Water - Bbls. 13	Gas- MCF 116

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

VI. OPERATOR 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.

Signature
D. F. Finney, Administrative Supervisor
Printed Name
2-21-89
Date
(505) 397-5800
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 22 1989
By Original Signed by FRANK T. LAVERZ
Title SUPERVISOR DISTRICT #3

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.