Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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

| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | - | lexico 87504-208 | | • | | |
|---|--|--|--|---------------------------------------|----------------------------|---|------------|
| I. | TO TRAN | NSPORT OI | BLE AND AUTH L AND NATURA | ORIZATION LGAS | | | |
| Conoco Inc. | | | | | API No. | | |
| 3817 N.W. Expr | ressway, Oklaho | ma City, | | • | | | |
| Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name and address of previous operator Mesi | 1 🔲 110 | innsporter of: Dry Gas Condensate nited Part | Other (Please Effective nership, P.O. | redate | • • | | as 79189 |
| II. DESCRIPTION OF WELL | AND LEASE | | | | | *************************************** | |
| Lease Name Buttram-fin | Well No. P | Pool Name, includ | ing Proposition Offichined | CIATS Kind | of Lease Hederal or Fee | L | ease Na. |
| Unit Letter | _:1500_F | ect Prom The | enth Line and _ | 798. | eet From The | HE ST | Line |
| Section 23 Townshi | p = 26N R | tange 6 | 10 NMPM. | Rio | ARRIBA | - | County |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil | SPORTER OF OIL or Condensat | | RAL GAS Address (Give address | to which approve | l copy of this form | is to be se | nt) |
| Name of Authorized Transporter of Casing El Paso Natural Gas | Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| | | | P.O. Box 1492, El Paso, Texas 79999 Is gas actually connected? When ? | | | | |
| If this production is commingled with that in IV. COMPLETION DATA | from any other lease or poo | ol, give comming | ing order number: | | | | |
| Designate Type of Completion | - (X) Oil Well | Gas Well | New Well Worker | er Deepen | Plug Back Sar | ne Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Pr | rod. | Total Depth | l | P.B.T.D. | | <u> </u> |
| Elevations (DF, RKB, RF, GR, etc.) Name of Producing Formation | | | Top Oil/Gas Pay | | Tubing Depth | | |
| Verlorations | | | | Depth Casing Shoe | | | |
| | TUBINO, C | ASING AND | CEMENTING REC | CORD | · | | |
| HOLE SIZE | DLE SIZE CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | |
| | | | | VECE BARRIO | | | |
| | | | MAY 0 3 1991 | | | | 1 |
| V. TEST DATA AND REQUES OIL, WELL (Test must be after re | T FOR ALLOWAR | LE | | | | | |
| Date First New Oll Run To Tank | covery of total volume of t | Producing Method (Flo | p allowable for thi w, pump, gas lift, e | depth of he | ST. 3 | W. a. | |
| Length of Test | Tubing Pressure | | Casing Finesure | | Choke Size | | |
| Actual Prod. During Test | Oil - Bbis. | | Water - Bbis. | | Gai- MCP | | |
| GAS WELL | L | | | · · · · · · · · · · · · · · · · · · · | • | • • | |
| Actual Prod. Test - MCF/D | Length of Test | | Bbls. Condenmie/MMCP | | Gravity of Condensate | | |
| esting Method (pitot, 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 compiled with and that the information given above is true and complete to the best of my knowledge and belief. | | | OIL CONSERVATION DIVISION | | | | |
| ww. Baken | Date ApprovedMAY 0 3 1991 | | | | | | |
| Signature W.W. Baker Administrative Supr. | | | Ву | 3-4 | - Chang | / | |
| Printed Name 5-1-91 | Title SUPERVISOR DISTRICT #3 | | | | | | |
| h | (405) 948-3 | | 1 | • | | | |

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.