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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRANS	SPORT OIL	AND NA	ATURAL GA						
Operator Conoco Inc.				PI No. U-C45-22961							
Address			·	· · · · · · · · · · · · · · · · · · ·	•	<u></u>	<i>O O P O</i>	0070			
3817 N.W. Expre	essway,	Oklahom	a City, O		her (Please explai	·					
Reason(s) for Filing (Check proper box) New Well		Change in Tra	nsporter of:		net (i iease expiai	י <i>ו</i> יי					
Recompletion	Oil	☐ Dr	Cas 🔲				.1 /	2.7			
Change in Operator	Caninghead		ndensate	<u> </u>	FECT	NE	<u>7-1-4</u>	<u>′ </u>	70100		
If change of operator give name and address of previous operator Mesa	Operat	ing Limi	ited Part	nership	, P.O. Box	2009,	Amarill	o, lexa	as 79189		
II. DESCRIPTION OF WELL	AND LEA										
Lease Name	ing Pormation			of Lease Federal or Fee		ease No.					
DYATE COM Location		9/15	· DIANO	CO FIL	ruicer CI	75		ϵ	3224		
Unit Letter	: 17	60 Fe	t From The	≤u	ne and	3 5 Fe	et From The _	بي	Line		
→		1				SAN					
Section Township	101	/~ Ra	nge X w	<u>ر ر</u>	MPM,		Juan		County		
III. DESIGNATION OF TRAN		OF OIL							 _		
Name of Authorized Transporter of Oil Giant Refining, Inc.	rm is to be se co 874										
Name of Authorized Transporter of Casing	head Gas	Or	Dry Gas XX		38, Blooms ive address to whi						
El Paso Natural Gas	·			P.0.	Box 1492,	El Pas	o, Texas	79999			
If well produces oil or liquids, give location of tanks.	Unit	Sec. Tw	p. Rge.	I -	lly connected?	When	9-24-78				
If this production is commingled with that i	rom any othe	r leane or pool	, give comming!		nber:			·			
IV. COMPLETION DATA		_	·	·							
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	audded Date Compl. Ready to Prod.						P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Can	Pay		Tubing Depth							
Perforations					Depth Casing Shoe						
							COL COL R	- IM			
	CEMENT	ING RECORI		26	S H V						
HOLE SIZE	E SIZE CASING & TUBING SIZE				DEPTH SET			ACKS CEMI	INILO		
							MAYU	3 199 1 ,			
	 						FIL CO	TIL CON. DIV.			
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE	<u> </u>			DI	51. 3			
OIL WELL (Test must be after m							depth or be fo	_	rs.)		
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pres	sure		Casing Pres	eure		Choke Size				
Actual Prod. During Test Oil - Bbis.			Water - Bbl	<u> </u>		Gas- MCF					
Lieran 11000 p.m.ii.	0.1 - 20.2										
GAS WELL											
Actual Prod. Test - MCF/D	Bbls. Condensate/MMCF Gravity of Condensate										
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pres	sure (Shut-in)	• • • •	Choke Size				
							<u> </u>				
VI. OPERATOR CERTIFIC					OIL CON	SERV	ATION I	אואופוכ)N		
I hereby certify that the rules and regular Division have been complied with and				∥ .	OIL OOI1	OLI IV	1110111	J. V 1010	/11		
is true and complete to the best of my h				Dat	e Approved	<u> </u>	1AY 0 3 1	991			
1 1/11/1					•						
Signature Rakon	Admini	ctuativa	Sunn	By_		٠). ⊗ /.				
W.W. Baker		strative Til	le	Title	.	SUPERV	ISOR DIS	TRICT	/3		
5-1-91 Date	(40	5) 948-3	120	''''							

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.

Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.	T	O TRAI	NSPO	RT OIL	AND NA	ATURAL GA	NS				
Operator Company Inc.	Wel						Well 7	API No. 30-045-22961			
Conoco Inc.					· · · · · · · · · · · · · · · · · · ·			0-045-	2296	1	
3817 N.W. Expr	essway,	0k1aho	oma C	ity, C	K 7311	2		•			
Reason(s) for Filing (Check proper box)					Ö	her (Please expla	iir)				
New Well Recompletion	Oil C	hange in 1	l'masport Dry Gas	er of:							
Change in Operator	Casinghead (Condens	te 🗌	LE	FECT	2 1/2	7-1-9	′/	'	
f change of operator give name Mesa	Operati	ing Li	mited	Part		, P.O. Bo				as 79189	
						,					
I. DESCRIPTION OF WELL Lease Name			Dool Nee	na Inchell	ng Pormation		Vi-4	of Leans	1		
STATE (kul	•	47		-				Federal or Fee		eamo No. 9224	
Location		·	<i>V</i> 1, -		المراجين المجاري				1 -	-00	
Unit Letter	_:_174	0	Feet From	n The	<u> </u>	ne and <u>83</u>	·S Fe	et From The	رں_	Line	
Section A Township	271	١.	n	× n	,	n.m. 5	an le	ادم،			
Secuon O Township	<u> </u>		Range	_ \ ~		імрм,	THO CI	LAN		County	
II. DESIGNATION OF TRAN	SPORTER	OF OII	LAND	NATU							
Name of Authorized Transporter of Oil	of	r Condens	ete (X	X)		we address to wh					
Giant Refining, Inc. Name of Authorized Transporter of Casing	beed Gee		- Dev C	as [XX]		38, Bloom					
El Paso Natural Gas	press Oss	، ب	or Diy G	** [\(\Lambda\)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79999						
If well produces oil or liquids,	Unit S	ec. 1	Twp.	Rge.	Is gas actually connected? When ?						
ive location of tanks.	1 - 4 1		27	_8		47 5		9-2	4-78		
this production is commingled with that in the completion DATA	rom any other	lease or po	ool, give	commingl	ing order num	nber:			 -		
V. COMPLETION DATA		Oil Well	G	s Well	New Well	Workover	Danna	Dive Beek (C	D'	Page Basin	
Designate Type of Completion	- (X)	On Wen	0.	B WEII	I MOM MEII	Workover	Deepen	Plug Back S	ime Kes v	Diff Res'v	
Date Spudded	Date Compl.	Ready to P	rod.		Total Depth			P.B.T.D.		-	
Claumiana (DE DEB DE CD etc.)					Ton Cililia	1000		ļ			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing Depth						
Perforations	1				Depth Casing Shoe						
					CEMENT	NO RECOR)		73 F S	70 E 15	
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		D) GARBEREN E			
								11/1			
								M/	Y 0 3 1	991	
. TEST DATA AND REQUES	T FOR AL	LOWI	61 E		l		J		CON	-DIV	
IL WELL (Test must be after re	COVERY OF LOCAL	volume of	DILIE Lload oil	and must	he equal to a	r exceed ton allo	wahle for this	dentifier he for		, DIVI,	
Date First New Oil Run To Tank	Date of Test	10.11.1	1000 011		Producing M	lethod (Flow, pur	np, gas lift, e	c.)	(DIST:	3	
ength of Test	Tubing Pressu	ire			Casing Press	ure		Choke Size			
Actual Prod. During Test Oil - Bbls.			Water - Bbis.			Gas- MCF					
	On - Boile					•					
GAS WELL			•					,			
Actual Prod. Test - MCF/D	Length of Tes	4 .			Bbls. Conde	mate/MMCF		Oravity of Cos	densate		
										<u> </u>	
esting Method (pitot, back pr.)	Tubing Pressu	ire (Shut-in	1)		Casing Press	ure (Shut-in)		Choke Size			
I OPERATOR CERTIFIC	ATE OF C	ONATH	TANK	777	i						
I. OPERATOR CERTIFICATION I hereby certify that the rules and regula				Æ	(OIL CON	SERVA	ATION D	IVISIO	N	
Division have been complied with and the	hat the informa	tion given									
is true and complete to the best of my is	nowledge and t	belief.			Date	Approved	!M	AY 0 3 19	91		
1 1 1 1 1 1 1						,,					
Signature					By_		3.) d			
W.W. Baker	Administ			or.	'			•	5	• •	
Printed Name 5-/G/	(405) 948-	1ue 3120		Title		SUPERV	ISOR DIST	HICT !	3	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

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

I.	REQ															
Operator Conoco Inc.							Well API No. 30-045 22961									
Address		01.7		C	DV 731	10	:		0 046		9					
3817 N.W. Expr Reason(s) for Filing (Check proper box)	essway	, UKIAN	oma	city, i			plain)									
New Well	0 11	Change is	•		_	•										
Recompletion	Oil Casinghe	ad Gas	Dry Go		F7	======	ر دسیا	سيرر	7-1-	3/						
If change of operator give name and address of previous operator	a Opera	ting L	imite	ed Part					Amari11	o, Tex	as 79189					
II. DESCRIPTION OF WELL	AND LE	ASE									· · · · · · · · · · · · · · · · · · ·					
Lease Name			Pool N	<i>(</i> '	ing Formatio											
Location Location		141	K	proce	Mos	AUER.	Þē	- State	recensi or re	E	1224					
Unit Letter	_:/	760	. Feet Pi	rom The	<u>5</u> ,	ine and	8:3	Fr.	et From The	W	Line					
Section 3 Townshi	· 27	<u>'</u> م	Range	8w)	NMPM,	5	4N J	uga		County					
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL AN	D NATU												
Name of Authorized Transporter of Oil Giant Refining, Inc.	Name of Authorized Transporter of Oil or Condensate								73112 Other (Please explain) EFFECTIVE 7-1-9/ Prship, P.O. Box 2009, Amarillo, Texas 79189 Formation Michael Follows Line and 835 Feet From The Line NMPM. SAN LAN County AL GAS Address (Give address to which approved copy of this form is to be sent) Box 338, Bloomfield, New Mexico 87413 ddress (Give address to which approved copy of this form is to be sent) Box 338, Bloomfield, New Mexico 87413 ddress (Give address to which approved copy of this form is to be sent) Box 338, Bloomfield, New Mexico 87413 ddress (Give address to which approved copy of this form is to be sent) Box 338, Bloomfield, New Mexico 87413 ddress (Give address to which approved copy of this form is to be sent) Box 338, Bloomfield, New Mexico 87413 ddress (Give address to which approved copy of this form is to be sent) Box 338, Bloomfield, New Mexico 87413 ddress (Give address to which approved copy of this form is to be sent) Box 1399 When 7 Depth Casing Shoe EMENTING RECORD DEPTH SET DEPTH SET SANK CANADA MAY 0 3 1991 By SUPERVISOR DISTRICT As SUPERVISOR DISTRICT As							
Name of Authorized Transporter of Casin	ghead Gas		or Dıy	Gas [XX]												
El Paso Natural Gas If well produces oil or liquids,																
give location of tanks.	1 4	Sec	37	Rge	5	23	, 		9-24	-78						
If this production is commingled with that IV. COMPLETION DATA	from any of	her lease or	pool, giv	ve comming	ling order bu	mber:				-						
	(V)	Oil Well	7	Gas Well	New Wel	Workover		Deepen	Plug Back	Same Res'v	Diff Res'y					
Designate Type of Completion Date Spudded		pl. Ready to	Prod.		Total Dent				10070	L	<u> </u>					
•					·				F.B.1.D.							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth							
Perforations						Depth Casing Shoe										
					CEMENT					- w8	e fi					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE															
									DE							
	· · · · · · · · · · · · · · · · · · ·				ļ				\mathcal{U}_{M}	(0 3 199	1					
V. TEST DATA AND REQUES	T FOR	ALLOWA	ABLE		 _					- 661	DIA					
OIL WELL (Test must be after n Date First New Oil Run To Tank	Date of Te	otal volume	of load o	oil and must	be equal to	or exceed top a Method (Flow.	ollowa Dump.	ble for this sas lift, e	dep de	DIST:	[5.]					
	Date of 1						,	, vy., v		Die						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size							
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF							
GAS WELL	·				1						J					
Actual Prod. Test - MCF/D Length of Test				Bbls. Condensate/MMCF					÷-··• >							
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size									
UL OPEN ATTON CENTURES	<u> </u>				ļ				<u> </u>							
VI. OPERATOR CERTIFIC. 1 hereby certify that the rules and regule				ICE		OIL CO	NS	ERV	MOITA	DIVISIO	N					
Division have been complied with and is true and complete to the best of my h	that the info	rmation give			Dat		د	ļ	MAY 0 3	1991						
a sall					Dat	e whhlon	eu			1						
Signature					Ву_			8	$\mathcal{L}(\mathcal{A})$							
W. W. Baker Administrative Supr.					SUPERVISOR DISTRICT #3											
5-/-9/ (405) 948-3120						Title										

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