## State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT E 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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	10 14	ANSPURI UIL	AND NATURAL	Well A	A No.	<del></del>				
Conoco, Inc.				6						
Adress										
10 Desta Drive, Sui	te 100W Mi	dland, TX 7	9705 Other (Please as	aleis)						
Resson(s) for Filing (Check proper box)	Chance	in Transporter of:				•				
icw Well	<b>Q1</b>	Dry Cas	Effective D	ate Octo	ber 1, 19	93				
Change in Operator	Casinghead Gas [									
change of operator give name ARCO	Oil and Ga	s Company, 1	816 E. Mojave,	<u>Farmingto</u>	n, New Me	<u>xico 87401                                    </u>				
L DESCRIPTION OF WELL	AND LEASE									
Lesse Name	Well No	2. Pool Name, Includ	<b>ng Pommatica</b> ctured Cliff		Less Fed ederal or Fee	Lam No. SF078478				
Marron WN Fed	6	Blanco Pi	Ctured CIIII	3 04 -						
Location G	. 1500	Feet From The No	orth Line and 150	0 . Fee	From The	East Line				
Unit Letter				San Juan County						
Section 24 Township	27N	Reage 8W	, NMPM,	·						
II. DESIGNATION OF TRAN	SPORTER OF	OIL AND NATU	RAL GAS		-	is so he sent				
Name of Authorized Transporter of Oil	or Cond	leasete	Address (Give cadress to	which approved (	opy 4 was Jorn	<i>a a</i> a <i>a</i> a				
Name of Authorized Transporter of Casing	head Gas	or Dry Gea X	Address (Give address to which approved copy of this form is to be sent)							
El Paso Natural G	aso Natural Gas Company Box 9					990 Farmington, NM 87401				
I well produces oil or liquids,	Unit Sec.		is gas actually connected Yes	When 1	-30-66					
ive location of tanks.  This production is commingled with that i	G 24									
V. COMPLETION DATA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				=	n a la bornaca				
	ON W	ell Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v				
Designate Type of Completion	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.	· · · · · · · · · · · · · · · · · · ·				
			Top Oil/Gas Pay		Shire Death					
Devisions (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top On Cas ray		Tubing Dopth					
Performations	<u> </u>		<u>.l</u>		Depth Casing S	boe				
						<del></del>				
			CEMENTING RECO		SAC	KS CEMENT				
HOLE SIZE	CASING 8	TUBING SIZE	00,1110	<u> </u>						
			<del> </del>							
V. TEST DATA AND REQUES	ST FOR ALLO	WABLE	<u>.l.,</u>							
OIL WELL (Test must be ofter	recovery of total volu	me of load oil and mus	be equal to or exceed top Producing Method (Flow	ellowable for this	depth or ho for	full 36 hours.)				
Date First New Oil Rus To Tank	Date of Test		Licencial Metros (Lien	, <del>bend</del> , ten 144 e						
Leagth of Test	Tubing Pressure		Casing Pressure		Choho Size	r 7 1993				
			Water - Bbls.		Cas-MC3	WAR STOLL				
Actual Prod. During Test	Oil - Bbis.					CON. Div.				
						Dibi. 3				
GAS WELL Actual Frod. Test - MCF/D	Leagth of Test		Bble. Condensate/MMC	,	Gravity of Con	densats				
	1 .		Casing Pressure (Shut-in	<del>,</del>	Choke Size					
Testing Method (pilot, back pr.)	Tubing Pressure (	SDUE-M)	Come Lissanie (Stree-12)	7						
VL OPERATOR CERTIFIC	ATE OF CO	MPLIANCE	0:: 0:	NOCOV	ATION	IVISION				
I have preside that the rules and resti	lations of the Oil Co	Met Validia		ONSERV		MISION				
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 OCT 7 1993							
Is the any complete to the sear of my	saill	eg	Date Appro	YGU	<i>^</i>					
Breek Frank	ly '		By	Bis	) el.					
Signature Karthly Sy	SUPERVISOR DISTRICT #3									
Printed Name	Regulator	Tale	Title			73				
9.30-93 Date	415-	Telephone No.								
<i>&gt;</i> ■4		·	11	<u> </u>	*	• •				

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
- 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.

Appropriate DISTRICT!
P.O. Box 1980, Hobbs, NM 88240

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REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>L</u>	T	O THAI	N5P(	JH I OIL	AND NATU	HAL GA	AND A	PING		<del></del>	
Operator Conoco, Inc.						1	3004512076				
Address					<del></del>						
10 Desta Drive, Sui	te 100W	<u>Midl</u>	and,	TX 79	9705	loane expla	.:-1		<del></del>		
Resects of Filing (Check proper box)		Chance in '	Transpor	rter of:	U Otam (P	iome expe	<del>-</del>			`	
New Well Recompletion	Oil		Dry Ca	. 📮	Effect:	ive Dat	e Octo	ber 1,	1993		
Change in Operator 🔠	Casinghead										
of change of operator give name ARCO	Oil an	d Gas	Comp	any, 18	316 E. Moja	ave, Fa	rmingto	n. New I	<u>lexico</u>	87401	
L DESCRIPTION OF WELL	AND LEA	SE									
Lease Name		Well No.   Pool Name, Including Formation   Name of Learning		l Lease Inderal or Pee							
Marron WN Fed	6 Blanco Mesaverde SF07							1/04/0			
Location G	. 1	500	San San	- The NO	rth_Line and	1500	Fee	t From The	East	Line	
Unit LatterG		<u> </u>					•	<b>C</b>	T		
Section 24 Township	27N		Range	8W	, NMPN	<u> </u>		San .	Juan	County	
III. DESIGNATION OF TRANS	CDADTEE	OF OT	L AN	D NATU	RAL GAS	-					
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)  P.O. Box 4289 Farmington, NM 87401										
Meridian Oil Comp	any				P.O. Bo	x 428	9 Farm	ington	NM	87401	
Name of Authorized Transporter of Casing File Daso Natural G	e of Authorized Transporter of Casinghead Gas or Dry Gas [ El Paso Natural Gas Company			ليخا تعما	Address (Give address to which approved P.O. Box 4990 Fari			mington, NM 87499			
Y wall produces oil or liquids.			Top	Rgs.	le gas actually co	spected?	When	7	-		
rive location of tanks.	G	<u>24</u>	27N	1 8W	Yes						
If this production is commingled with that if IV. COMPLETION DATA	from any othe	t jerns of l	ool, gr	e commings	raf oton armon:		<del></del>				
		Oil Well	7	Gas Well	New Well W	orkover	Deepee	Plug Back	Same Res'y	Diff Res'v	
Designate Type of Completion	· (X)	<u></u>	ᆣ		Total Depth			P.R.T.D.			
Date Spadded	Date Compl	, Ready to	MOG.		Total Softe			r.s.124			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Fo	(DELICE		Top Oil/Gas Pay			Tubing Depth			
HARMORE (DA. ) 1912 / 1913 (MA)							Depth Casing Shoe				
Perforations									,		
	T	UBING.	CASI	NG AND	CEMENTING	RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
			·								
								<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after n	T FOR A	LLOW	ABLE	منا مدا صحا	he equal to or exc	ed top allo	nuable for this	depth or be j	or full 24 hos		
OIL WELL (Test must be after n  Date First New Oil Run To Trak	Producing Metho	(Flow, pu	mp, gas lift, a	e)							
DES LESS LAW OF KIR IO !-	Date of Test							Choke Step T 7 1893			
Leagth of Test Tubing Pr		(C49198			Casing Pressure						
A said Bard Pariso Test	Oil - Bbis.				Water - Bbla.			OF CON. DIV.			
Actual Prod. During Test											
GAS WELL								· · · · · · · · · · · · · · · · · · ·			
Actual Frod. Test - MCF/D	Length of	est			Bbls. Condensate	MMCF		Gravity of C	OBOCER		
	Tubing Pre	cause (Shut			Casing Pressure (	Shut-in)		Choke Size			
Testing Method (pilot, back pr.)	luoing		,			_		<u> </u>			
VL OPERATOR CERTIFIC	ATE OF	COME	LIA	NCE		CON	ISERV	ATION	DIVISIO	NC	
I hander carries that the rules and resculations of the Ou Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedOCT 7 1993						
Bulk											
Liet Kearly					By Zin Chang						
BILL R. Keathly Sr. Regulatory Spec.					SUPERVISOR DISTRICT #3						
Printed Name	، بسب	C . 12 .	Title	45 J	Title						
9.30.93 Day		<b>S -6</b> ≶€ Tel	ephone	No.							
- <del></del>					1.1						

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