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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

·	T	O TRANS	SPORT OIL	AND NATURAL GA	AS						
Operator Company Inc.	ator						Well API No.				
Conoco Inc.			***				<del></del>				
3817 N.W. Express	way, Okl	ahom Ci	ty, Oklaho								
Reason(s) for Filing (Check proper box)		~	annodes of	Other (Please expla	ain)						
New Well  Recompletion	Oil	Change in Tra									
Change in Operator	Casinghead	Gas Co	ndensate 🔲	Effective: 7-		<del> </del>					
I change of operator give name Mes	a Operat	ing Lim	ited Partı	nership, P.O.Box	2542,	Amarillo,	Texas	79189			
II. DESCRIPTION OF WELL	ANDIEA	CIF.									
ease Name Well No. Pool Name, Including				ng Formation		Kind of Lease Lease No. State, Federal or Fee NMO 1006 3					
LUCERNE		1	Basin Dako	ota	State,	Federal or Fee	NMOTO	063			
Location M	118	₹1		S Line and 990	)		W	• •			
Unit Letter	_ ;	Fe-	et From The	Line and	1·c	et From The		Line			
Section 8 Townsh	i <b>p</b> 28	N Ra	nge 11W	, NMPM,	San .	Juan		County			
III. DESIGNATION OF TRAI	JCDAUTEL	OF OU	AND NATIO	DAL GAS							
Name of Authorized Transporter of Oil	131 OKTER	or Condensate	XXI)	Address (Give address to w	hich approved	copy of this for	m is to be se	พ)			
Giant Refining, I	Box 338, Bloomfield, New Mexico 87413										
Name of Authorized Transporter of Casinghead Gas or Dry Gas XXX 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							
			vp. Rge.	is gas actually connected?	7						
give location of tanks.	M	8 [	28N 11W	YES	1			<del></del>			
If this production is commingled with that	from any other	r lease or poo	d, give commingl	ing order number: /	7305						
IV. COMPLETION DATA		Oil Well	Gas Well	New Well   Workover	Deepen	Plug Back S	Same Res'v	Dill Res'v			
Designate Type of Completion		İ	<u> </u>	Total Depth	<u> </u>	1,1		_l			
Date Spankled	Date Comp	l. Ready to Pr	od.	Total Depth		P.B.T.D.					
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth						
B-7					Depth Casing Slive						
Perforations						Depart Casing	51100				
	T	UBING, C	ASING AND	CEMENTING RECOI	RD						
HOLE SIZE	CAS	SING & TUBI	NG SIZE	DEPTH SET		SACKS CEMENT					
	_				<del></del>	-					
	_										
					•						
V. TEST DATA AND REQUI	ST FOR A	LLOWAL	llels Leed oil and must	be equal to or exceed top al	llaumhle for th	is denth or he fo	or full 24 has	urs )			
() IL WELL (Test must be after Date First New Oil Run To Tank	Date of Ter		toda ou and must	Producing Method (Flow, p	owny, gas lýt,	etc.)	<i>,</i> , , , , , , , , , , , , , , , , , ,				
						m E	D F h	MET			
Length of Test	Tubing Pre	1211 <i>0</i>		Casing Pressure		The Fre (A) (P II () PP					
Actual Prod. During Test	Oil - Bbls.			Water - Libia.		MCJUN1 7 1991					
	Jon Love					10	MT ( 19	J1			
GAS WELL						OIL (	CON!	17.15			
Actual Frod. Test - MCI/D	Length of	Test		Bbls. Condensate/MMCF		Gravity of Computation					
l'esting Method (pitot, back pr.)	Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size					
		•									
VI. OPERATOR CERTIFI	CATE OF	COMPL	JANCE	011 00	NCEDV	/ATION 1		~~			
I hereby certify that the rules and reg				OIL CO	NOEHV	'ATION I	ופועונ	אוכ			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date ApprovedMAY 0 3 1991							
No. 10 Page 16				Para whhios	ou		Λ				
Signalus				By_ Boul Chank							
Signature W. W. Baker Administrative Superviso				[ ] ———————————————————————————————————							
Printed Name 6/7/91	( /	7 405) 948	1714 <b>6</b> 1–3120	1"itle				. ra			
Date			hone No.								

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-101 must be filed for each pool in multiply completed wells.