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

## SURE OF LACK MICKEY Energy, Minerals and Natural Resources Department

DISTRICT E P.O. Drawe DD, Artesia, NM \$8210

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	- 1	U IM	11401	ONI OIL	74110 117	TIOIVIE		Well A	PI No.			
Conoco, Inc.						004507133						
Address										- <del></del>		
10 Desta Drive, Sui	te 100W	Mid'	lanc	1, TX 79	9705	A	7-1-1					
Resson(s) for Filing (Check proper box)	•	Change in	Tasa	~~~ AA	U 4	het (Please ex	plauly					
New Well	Oil '		Dry C		Fff	ective D	ate	Octo	her 1.	1993		
Recompletion U Change in Operator X	Casinghead		•					0000				
If change of operator give same ADCO	Oil an	d Gas	Con	pany, 1	B16 E.	Mojave,	Farm	ingto	n, New	Mexico	87401	
and address of brevious obstance												
IL DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, Include				ee Formatica			Kind of Lease			Lease No.		
				Dakota			State, Pederal or Fee		SFO'	SF078863		
Location												
Unit Letter M	: 108	30	Feet	From The _S	outh u	no and _10	50	Fee	t From The .	West	Lise	
	281	AT.	2	11W	,	MPM,			San	Juan	County	
Section 29 Township	201	.1	Rang	<u> </u>		with the						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										is as <b>A</b> s a	<del></del>	
Name of Authorized Transporter of Oil or Condensate X						Vocases (Clus see and to miner abbanes cob) of men law and and						
Meridian Oil Company  New of Authorized Transporter of Casinghead Gas or Day Gas X					P.O. Box 4289 Farmington, NM 87401  Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casing El Paso Natural Ga		nanv	W 2.	ر ما سار		Box 49					3 <b>7</b> 499	
I well produces oil or liquide,		Sec.	Twp	Rgs	ls gas actus	By connected?		Whee	7			
give location of teaks.	M	_29		3N 11W	Yes			<u>!</u>				
If this production is commingled with that f	rom any other	er lease of	boor 1	rive comming!	ing order mu	mber:						
IV. COMPLETION DATA		Oil Well	$\overline{}$	Gas Well	New Wel	Workover	I	espen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	· (X)		ĺ		i		<u>:i_</u>	i		<u> </u>		
Date Spudded	Date Compl. Ready to Prod.			Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Ges Pay				Tubing Depth			
Performines					<del></del>				Depth Casis	& Shoe		
						<del></del>						
	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE				OEF III GET							
		<u></u>										
	T 505 4	TIAW	ADI	<del> </del>	<u> </u>				<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after n	T FUK A	LLUW.	ADL. of los	ts d oil and must	be equal to	or exceed top a	.Ilowab	le for this	depth or be	for full 24 ha	er.)	
OIL WELL (Test must be after n  Date First New Oil Run To Tank	Date of Tes		3,		Producing I	Method (Flow,	puny.	gas lift, a	<b>E</b> .J			
						Casing Pressure			Challe Size			
Length of Test	Tubing Pres				Camp re				C	01 7	383	
Actual Prod. During Test Oil - Bbls.						Water - Bbls.			CT CON. DIV.			
					<u> </u>				6.6	Diot.		
GAS WELL	— —								Gravity of		ان 	
Actual Frod Test - MCF/D	Length of	Test			Bbls. Cond	essie/MMCF			CHAVRY OF		•. r	
	Tubing Pre	enim (Shu	4.51		Casing Pre	cause (Shut-ia)			Choke Size			
Testing Method (pitot, back pr.)	1 doing 1 to	, , , , , , , , , , , , , , , , , , ,				•						
VL OPERATOR CERTIFIC	ATE OF	COM	PLI/	NCE		OIL CC	NIC!		ATION	DIME	ԴNI	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CC	NA2		HION	DIVISI	J14	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Data Approved OCT 7 1993						
Bee Re					Date Approved							
Lie R. Kearfly					<b>B.</b> ,	By Till Charles						
Simano Kanthy Sr. Rome lator Socc.					By	SUPERVISOR DISTRICT #3						
Printed Name Title 9-30-93 915-686-5424					Titl	e	SU	PERV	ISOH DIS	THICI :	7 J	
9-30-93	915.	<u>686.</u>	54	24		<u> </u>						
Date		Te	ephon	e 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-104 must be filed for each pool in multiply completed wells.