Submit 5 Copies
Appropriate District Office
DISTRICT I
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., Azzec, NM 87410 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ι.	1	TO TRA	NSP	ORT OIL	AND NA	TURAL GA		. 84 5 7			
Operator Conoco Inc.							Well API No. 30-045-07133				
Address 10 Desta Drive S	+= 100W	Midle	nd	TX 79	705			<u> </u>			
Reason(s) for Filing (Check proper box)				IN 70		er (Piease expla	zin)				
New Well		Change in	Тладвро	orter of:		(•				
Recompletion Change in Operator	Oil Casinghead		Dry Ga Conden	_	EFF	ECTIVE N	OVEMBER	1, 199	3		
f change of operator give name	Cangies	. 046	Coboa	A.A.							
and address of previous operator											
II. DESCRIPTION OF WELL Lease Name	DESCRIPTION OF WELL AND LEASE SEE Name Well No. Pool Name, Inclusion					ing Formation Kind			of Lease No.		
KRAUSE WN FED.	8 BASIN DAKO				OTA State,			Federal or Fe	• SF (078863	
Location	. 1080)	P P-	om The S	OUTH	10	50 -	et From The	WEST	Line	
Unit Letter	- :		reet Pr			and		et rom ine		Line	
Section Townsh	ip 28	N	Range	11	. W , NI	MPM, SP	N JUAN			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil GIANT REFINING INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 338, BLOOMFIELD, NM 87413										
Name of Authorized Transporter of Casin		or Dry	Gas VX	Address (Giv	e address to wi	ich approved	copy of this form is to be sent)				
EL PASO NATURAL GAS C				1 8	P.O. BOX 4990, FARMIN Ls gas actually connected? When						
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 29	Twp. 28N	Rge.	YES		- William	. r			
If this production is commingled with that	from any other	er lease or p	ood, giv	e comming	ling order numi	ber:					
IV. COMPLETION DATA	-	Oil Well		las Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u>i</u>	بنہ		Total Domb	İ	<u>i</u>	i	İ	<u> </u>	
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	oducing Fo	mation		Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TOBING SIZE					<u> </u>					
								-			
											
V. TEST DATA AND REQUE OIL WELL (Test miest be after	ST FOR A	LLOWA	BLE		he emed to on	erceed top all	mahla for thi	e dontk ar he	for full 24 hos	ers.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Tes		of load (ни ала миз		ethod (Flow, pu		- CT-	<i>連</i> 門 (新門 1) 1	5.4. S	
					Casing Pressure			, r. · · ·	Choke Size		
ength of Test Tubing Pressure					Casing Flees.				WW 6717 1993		
Actual Prod. During Test	Oil - Bbis.	Oil - Bbis.				Water - Pbis.			Gas- MCF		
								<u> </u>		<u>. 152 8 10 9</u> }	
GAS WELL Actual Prod. Test - MCF/D	Length of	est			Bbis. Conden	ante/MMCF		Gravity of			
					Casing Pressure (Shut-in)				Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Cathing Freeze	ne (ana-m)					
VI. OPERATOR CERTIFIC	CATE OF	COMP	LIAN	ICE		DIL CON		ATI/SKI	DIVISIO	N	
I hereby certify that the rules and regu Division have been complied with and					1		ISER V	ATION	וטוטוט	אוכ	
is true and complete to the best of my				•	Date	Approve	d 00	T 261	999		
BUKX		1 19 -						Δ			
Signature BILL R. KEATHLY	$\overline{}$	EGULATO	\ E V ○		By_		3.1	<u> </u>	_		
Printed Name			Title		Title	9	SUPERVI	SOF DIS	TRICT #	3	
10-25-93	915	5-686 - 5	424	<u> </u>	Inde						
Date		ા લાલ	phone N	₩.	11						

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.