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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TOTA	ANSPORT OIL	AND NATURAL GA	S			
perator	Well API No.			2112			
Conoco Inc.	•	30-045-21132					
ddress 3817 N.W. Exp	rossway Okla	homa City. O	к 73112		•		ļ
eason(s) for Filing (Check proper box)	)	aroma orogy c	Other (Please expla	in)			
ew Well	Change	in Transporter of:	·				
ecompletion	Oil [	Dry Gas			101		
hange in Operator XX	Casinghead Gas [	Condensate	EFFERTU	E 7-	1-9/_		70100
change of operator give name Me:	sa Operating	Limited Partr	ership, P.O. Box	x 2009,	Amarillo	, lexas	79189
•							
. DESCRIPTION OF WELL	L AND LEASE	o. Pool Name, Includi	na Formation	Kind of	Lease	Leas	e Na
ease Name	3/4		LESAVETEDE	State, F	ederal or Fee	E 50.	26-1_
STATE		12/4/00/1	(early o read)				
Unit Letter	. 1650	Feet From The	N_ Line and	50 Fee	From The	ربا	Line
Unit Letter	·				f		
Section 32 Town	19 293	Range 🞖 🗸	, NMPM,	SAN	MAN	<del></del>	County
	Nanonara OF	OTT AND MATTE	DAT CAC				
II. DESIGNATION OF TRA			RAL GAS Address (Give address to wh	ich approved o	copy of this for	n is to be sent,	)
Giant Refining, Inc.		den sate (XX)	Box 338, Bloom				
Name of Authorized Transporter of Casinghead Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent)				
SUNTERES CIAS CHTHEILING CO.			Fr. BX SCHO A (BURNERGUE, NM 5/125				
If well produces oil or liquids,	Unit See	Twp. Rge.	Is any activity connected? When?			•	
ive location of tanks.	IF 132		763		8-29	-18	····
this production is commingled with the	at from any other lease	or pool, give comming	ling order number:			<del></del>	
V. COMPLETION DATA	Y = . =			Dansag	Plug Back S	sma Pac'y	Diff Res'v
Designate Type of Completic	γη - (X) - ης	/ell   Gas Well	New Well   Workover	Deepen	Flug Dack 13	aine Res v	
Date Spudded			Total Depth		P.B.T.D.		
Date Shroner	Date Comparition	,					
levations (DF, RKB, RI, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth  Depth Casing Shoe			
Perforations					Deput Casing	Shoe	
		G 616010 110	CENTENTING DECOR		<u> </u>		
			CEMENTING RECORD DEPTH SET		E TO SACKSVENEN III.		
HOLE SIZE	CASING 8	TUBING SIZE	DEFINSE		E la la distriction		
				Th	<del></del>		19
		·····		Ut	MAYO	3 1991	
					RIV		4
V. TEST DATA AND REQU	EST FOR ALLO	WABLE	•		Mr Co	M. DI	<b>.</b>
OIL WELL (Test must be aft	er recovery of total volu	me of load oil and mus	be equal to or exceed top all	owable for this	depth or be fe	full of hours	1.)
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, p	ump, gas tyt, e	ic.)		
			Casing Pressure		Choke Size	·	
Length of Test Tubing Pre			Cueink 1 toomie				
tual Prod. During Test Oil - Bbls.		Water - Bbla.		Gas- MCF			
Actual Prod. During Test	Oil - Boile						
CAR TUEL!						•	
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	-	Gravity of C	ondenante	<del></del>
INVESTIGATION TONCE THE STATE			1				
Testing Method (pitot, back pr.)	Tubing Pressure (	Shut-in)	Casing Pressure (Shut-in)		Choke Size		
, w							
VI. OPERATOR CERTIF	ICATE OF CO	MPLIANCE	0" 00"	MOEDV	ATIONE	211/1010	.KI
I hereby certify that the rules and a	OIL CONSERVATION DIVISION						
Division have been complied with	and that the information	n given above			MAY 0 3	1991	
is true and complete to the best of	my knowledge and belie	u.	Date Approve	ed			
$\sim 10^{-1}$				1	1) 0		
11 12 11111			By		1). B		
Signature W.W. Baker	Administr	ative Supr.	· *	SUPE	RVISOR D	ISTRICT	13
Printed Name		Title	Title				
5-1-71	(405)	948-3120 Telephore 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 excompleted 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.