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, Artenia, NM 88210

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. Uperator		O THANS	SPORT OIL	ANU NA	TUHAL G		API No.			
Conoco Inc.						Well	7.3 T 110.			
Address 3817 N.W. Expr	essway,	Oklahom	a City, O	K 7311	2					
Reason(s) for Filing (Check proper box)					et (Please expl	ain)				
New Well		Change in Tra	-							
Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate EFECTUE 7-1-91										
If change of operator give name Moo.			ited Parti						as 79189	
and address of previous operator 11636			ited raiti	nersnip,	F.O. DO	X 2009,	AllaTTT	o, lex		
II. DESCRIPTION OF WELL Lease Name			ol Name Incheli	ne Formation		Kind	of Lease	1.	ase No.	
Lease Name Well No. Pool Name, Including Formation Kind of Lease Kind of Lease Lease No. Branco Picture & Clipps Lease No.										
Unit Letter	:	50 Fe	et Prom The	N _⊔n	e and	60 F	et From The .	E	Line	
Section / Townshi	29	N Re	nge Zu) , N	мрм,	SAN	leian		County	
III. DESIGNATION OF TRAN										
Name of Authorized Transporter of Oil or Condensate XX Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX 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						
If well produces oil or liquids, give location of tanks.	Unit	Sec. Tw	p. Rge.	is gas actuali	y connected?	When		, ,,,,,,		
If this production is commingled with that	from any othe				ber:			· · · · · · · · · · · · · · · · · · ·		
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Dius Deck	Same Res'v	Diff Res'v	
Designate Type of Completion		i		1	Workstei	Dapa	l Hog Dack		Din Kesv	
Date Spudded Date Compl. Re			eady to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
	T	JBING, CA	SING AND	CEMENTI	NG RECOR	D	1		s est l'éra	
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			TP BACKE CEMENTS		
	ļ						DE CE			
						MAY 0 3 1991				
							MAYOS ISS			
V. TEST DATA AND REQUES OIL WELL (Test must be after to	T FOR A	LLOWABI	LE				Oll	COM.	-DIA,	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Press	Rure		Casing Press.	ire		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbia.			Water - Bbis.			Gas- MCF			
CARWELL				l			<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	Length of To	est		Bbls. Conden	mie/MMCF		Gravity of C	ondenssia	 1	
				[
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPLI.	ANCE				J			
1 hereby certify that the rules and regulations of the Oil 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.				11			MAY 0 3 1991			
and other					~hhi∩∧6		. \ ~	1 -	***************************************	
Signature W.W. Baker Administrative Supr.				SUPERVISOR DISTRICT #3						
Printed Name 5 /- 9/		Tid 5) 948-3	6	Title.			TAISON D	ISTRICT	13	
Date		Telephon		[]						

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.