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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department  
  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator CONOCO INC.		Well API No. 30-045-27885
Address 3718 N. W. Expressway, Oklahoma City, Oklahoma 73112-1400		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Note: new connection for coal seam gas.
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Vandewart "A"	Well No. 14	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee federal	Lease No. SF-078502
Location Unit Letter <u>G</u> : <u>1420</u> Feet From The <u>North</u> Line and <u>1640</u> Feet From The <u>East</u> Line Section <u>14</u> Township <u>29N</u> Range <u>8W</u> , NMPM, San Juan County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>El Paso Natural Gas Co.</u>	<u>30th Street, Farmington, N. M. 87401</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When ?
	<u>NO</u>	<u>A. S. A. P.</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 11-10-90	Date Compl. Ready to Prod. 12-11-90		Total Depth 3527'		P.B.T.D. 3382'			
Elevations (DF, RKB, RT, GR, etc.) 6736' GR	Name of Producing Formation Fruitland		Top Oil/Gas Pay 3331'		Tubing Depth 3344'			
Perforations 3331-3337, 3341-46, 3351-58, 3364-76, 3381-92 3399-3403, 3411-15, 3418-22, 3435-37					Depth Casing Shoe 3527'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		260'		274 sxs			
7 7/8"	5 1/2"		3527'		895 sxs			
	2 3/8" tubing		3344'					

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test 12-19-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test	Tubing Pressure	Casing Pressure	<b>RECEIVED</b> JAN 17 1991
Actual Prod. During Test	Oil - Bbls.	Water - Bbls. 0	

**GAS WELL**

Actual Prod. Test - MCF/D 128	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 508	Casing Pressure (Shut-in) 508	Choke Size 3/4"

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

W.W. Baker  
Signature  
W.W. Baker, Administrative Supervisor  
Printed Name  
1/16/91  
Date  
(405) 948-4859  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved FEB 01 1991  
By ORIGINAL SIGNED BY ERNIE BUSCH  
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

- 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.