Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TC	TRANS	PORT OIL	AND NA	TURAL GA	<u>IS</u>	Br IV.			
erator Conoco Inc.					Well A					
Address 3817 N.W. Expressway, Oklahoma City, OK 73112										
Reason(s) for Filing (Check proper box) Other (Please explain)										
New Well Change in Transporter of:										
Recompletion Oil Dry Cas Effective Date: 1-1-91										
Change in Operator X Casinghead Gas Condensate Mesa Operating Limited Partnership, P.O. Box 2009, Amarillo, Texas 79189										
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease No. Lease No.										
Lesso Name Maxey	1 1 1			Dakota Sine			Federal or Fee NM 013585			
Location / 1790 // 1/96 // 1/96										
Section 34 Township 29N Range 12W, NMPM, San Juan County										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Name of Authorized Transporter of Oll	larne of Authorized Transporter of Oil or Condensate (XX) Address (Give address to which approved copy of this form is to be sent)									
	Giant Refining, Inc.					Box 338, Bloomfield, New Mexico 87413 Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casing El Paso Natural Gas	ne of Authorized Transporter of Casinghead Gas or Dry Gas XX						, Texas 79999			
If well produces oil or liquids,							9-18-80			
give location of tanks.			1N 12W	Y C	<u>6</u>		9780		j	
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA										
Designate Type of Completion -		lleW liC	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded			xd.	Total Depth		L	P.B.T.D.		J	
			Top Oil/Gas Pay			Tubing Depth ·				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				·						
Perforations							Depth Casing	Shoe		
TUBING, CASING AND					ING RECOR	D			8 [5]	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			P REACKS COMENT			
							K C G C			
							MAY 0 3 1991			
							MAT	f	111	
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 of be for suitable lighted lighted lighted.)										
OIL WELL (Test must be after re	Date of Test	volume of I	oaa ou ana must	Producing N	lethod (Flow, p	ump, gas lift,	etc.)	IST: 3		
Date Link Less On Long 10 1	Date of 1ea	-								
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Bbla.			Gas- MCF			
CLAR SERVICE S	l			L			<u> </u>		l	
GAS WELL Actual Prod. Test - MCF/D Length of Test					nate/MMCF		Gravity of Co	ndensate	· · · · · · · · · · · · · · · · · · ·	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
VI OPERATOR CERTIFIC	ATE OF C	'OMPI	IANCE	<u> </u>						
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been compiled with and that the information given above				Fasts Assessed MAY 0 3 1991				•		
is true and complete to the best of my knowledge and belief.				Dista ApprovedMAT U 3 1991						
Washer				By_ 3.1) d.						
Signature W.W. Baker Administrative Supr.				11						
Printed Name			lle	Title SUPERVISOR DISTRICT #3						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Dete

- 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.

Telephone No.

- 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.