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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 Rottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator	Well API No. 30-045-25146											
Conoco Inc.												
10 Desta Drive S	te 100W.	, Midla	and.	TX 79	705							
ion(s) for Filing (Check proper box)		-			Ou	her (Please	expla	in)				
v Well		Change in	Тлаверс	orter of:	_	,						
ompletion	Oil		Dry G		n n			ories an en	1 100	0		
inge in Operator	Casinghea	d Gas 🗌	Conde	name VX	FF	B.F.C.I.I.A	E N	OARWREK	1, 199	<u>J</u>		
ange of operator give name address of previous operator												
DESCRIPTION OF WELL	AND LEA	SE										
as Name	Wei		Pool N	arne, Includi					f Lease		Lease No.	
TATE B GAS COM	1E BA			IN DAKO	TA			XXXX.	State, Federal or Fee		E 6515	
ation E	. 1800	<u> </u>		N	∩ <b>rr</b> q∩		11	80		WEST		
Unit Letter	: 100		Feet Fr	rom The N		ne and		Fe	et From The	NBOI	Lin	
Section 16 Townshi	p 29	N	Range	10	W,N	МРМ,	SA	N JUAN			County	
DESIGNATION OF TRAN  of Authorized Transporter of Oil	SPORTE	OF OF O					to wh	ich armanad	come of this f	ie to be se	·=t)	
IANT REFINING INC.		GI CORDORAL		XX	P.O. BOX 338, BLOOM			• • •	** * * * * * * * * * * * * * * * * * * *			
e of Authorized Transporter of Casin	ghead Gas		or Dry	Gas √∑						orm is to be se	nt)	
INTERRA GAS GATHERIN	<u>G CO. (</u>	SGG)						, ALBUG	UERQUE.	NM 8713	26	
ell produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually connected? YES			When	?			
production is commingled with that	E I	16	<u> 29N</u>		<del></del>			<u> </u>		<del></del>		
COMPLETION DATA		u	prom, ga						***			
· · · · · · · · · · · · · · · · · · ·		Oil Well		Gas Well	New Well	Workov	ет	Deepen	Plug Back	Same Res'v	Diff Res'v	
esignate Type of Completion		l Boods to	<u> </u>		Total Depth	<u> </u>			D D T D	<u> </u>	<u> </u>	
Spudded	Date Comp	Date Compl. Ready to Prod.				Том Берш				P.B.T.D.		
evations (DF, RKB, RT, GR, etc.) Name of Producing			omation		Top Oil/Gas Pay			Tubing Depth				
prations										Depth Casing Shoe		
	7	TIDDIC	CAST	NG AND	CEMENT	NC PEC	זכרצ	<del></del>	1			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
				<u> </u>		-				<del></del>	<del>.</del>	
TEST DATA AND REQUES	T FOR A	LLOWA	ABLE								-	
WELL (Test must be after				oil and must						for full 24 hou	rs.)	
First New Oil Run To Tank	Date of Tes	t.			Producing M	lethod (Flo	w, pu	mp, gas lift, e	(c.)			
pth of Test	Tubing Pro	Tubing Pressure				Casing Pressure					<del></del>	
at or reac	I Going Freezie								Choke Size	Park Mills I		
al Prod. During Test	Oil - Bbls.				Water - Bols.				Gas- MCF			
S WELL										ه ڏڪا آها	فريا	
al Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF				Gravity of Condensate			
Method (pitos, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-ia)				Choke Size				
D variance (human amus ha i)												
OPERATOR CERTIFIC	ATE OF	COMP	LIAN	JCF.		<u> </u>	<u> </u>			5000		
hereby certify that the rules and regul						OIL C	ON			DIVISIO	N	
Division have been complied with and a true and complete to the best of my		_	es above	•	_			. 001	2 6 19	93		
		verel.			Date	e Appro	ovec	1	A			
Dell Sendly					By But Chang							
BILL R. KEATHLY	SR. RE	CHILATO	JBA c	PEC	By_						· · · · · · · · · · · · · · · · · · ·	
Tinted Name	ON. IVE	INOTALL	Title	LEO.	T-11-		S	UPERVIS	IOH DIST	RICT #3	,	
0-25-93	915	-686-5			Title	·						
Date		Tele	phone N	ło.	]]							

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.