

Post-It Fax Note 7871

To: <i>Mary Ellen</i>	From: <i>Glenda Locke</i>
Co./Dept:	Co.: <i>CONOCO</i>
Phone #	Phone # <i>580-767-5016</i>
Fax # <i>580-334-6170</i>	Fax # <i>580-767-2075</i>

Mexico
Economic DepartmentON DIVISION
Pacheco
87505Form C-104
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies☐ AMENDED REPORT

Section IV

2001 South Pacheco, Suite 20, Mid 97006

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and address Conoco Inc. 10 Dests Drive Suite 100 West Midland, Texas 79705-4500		OCRID Number 005073
Reason for Filing Code Chg of Operator 1/1/98		
API Number 38-0 4528666	Pool Name Basin Fruitland Coal	Pool Code 71629
Property Code 17000	Property Name Stewart 5	Well Number 1

II. Surface Location

U or lot no.	Section	Township	Range	Lot/Idr	Feet from the	North/South Line	Feet from the	East/West Line	County
G	5	29N	10W		1443	North	1710	East	San Juan

Bottom Hole Location

U or lot no.	Section	Township	Range	Lot/Idr	Feet from the	North/South Line	Feet from the	East/West Line	County
Log Code P	Fracturing Method Code	Gas Completion Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OCRID	Transporter Name and Address	POD	OC	POD ULTRA Location and Description

IV. Produced Water

POB	POB ULTRA Location and Description

V. Well Completion Data

Spud Date	Ready Date	TU	PTD	Perforations	SHC, SCMC
Rate Size	Casing & Tubing Size	Depth Set	Seals Comp		

VI. Well Test Data

Date New O2	Gas Delivery Date	Test Date	Test Length	Top. Pressure	Cap. Pressure
Choke Size	O2	Water	Gas	ADP	Top Mashed
I hereby certify that the rates of the O2 Completion Division have been accepted with and that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Gail M. Jefferson</i> Printed name: <i>Gail M. Jefferson</i> Title: <i>Sr. Regulatory Specialist</i> Date: <i>2/2/98</i> Phone: <i>(915) 686-5424</i>					
OIL CONSERVATION DIVISION Approval by: _____ Title: _____ Approved Date: _____					
If this is a change of operator fill in the OCROD number and name of the previous operator. <i>OCRID No. 000778</i> <i>Gail M. Jefferson</i> Sr. Admin. Staff Asst. 2/2/98 Printed Name: _____ Title: _____ Date: _____					

Sent by
Glenda - but
not needed
because the
oper chg was
done thru
secondary because
well was not
completed until
11/98