STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION P.O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	1.							
Address P. O. Box 3249, Englewood, CO 80155 Reasonity for filing (Check proper box)		E C P LIDED	100 A 100 A 200					
Naw Well Change in Transporter of:	Address		0155			SEPOS		7)
It change in Ownership	Reason(s) for filing (Check proper box)		·····		Other (Please ex		985	/
Change in Ownership Casinghead Gas Condensate Well Name Strick Condensate Well Name Strick Condensate Strick	New Well Char	ige in Transporter of:				COA	_	
II. DESCRIPTION OF WELL AND LEASE Lease Name Horton LS State, Federal or Fee NM O10989 Location O 1820 Feet From The S Line and State, Federal or Fee NM O10989 Location O 1850 Feet From The S Line and State, Federal or Feet NM O10989 Location O 1850 Feet From The S Line and State, Federal or Feet NM O10989 Location O 1850 Feet From The S Line and State, Federal or Feet NM O10989 Location O 1850 Feet From The S Line and State, Federal or Feet NM O10989 Location O 1850 Feet From The S Line and State		Oil	Dry C	Gas		DIST	D_{IV}	
Lasse Name Horton LS Same State, Federal or Fee USA Lasse No.	Change in Ownership	Casinghead Gas	Cond	lensate	Well N	ame '' 3	• •	
Lease Name Well No. Blanco—PC Ext. State, Federal or Fee USA Lease No. O10989	If change of ownership give name and address of previous owner	El Paso Nat	ural Gas	, P.O.	Box 4990, Farm	ington, NM 87	499	
Horton LS Sale Feet From The Sale Line and L								
Location Unit Letter O : 820 Feet From The S Line and 1850 Feet From The E Line of Section 29 Township 32N Range 11W NMPM San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil C or Condensate X Address (Give address to which approved copy of this form is to be sent) Conoco Inc. Surface Transportation P. O. Box 460, Hobbs, NM 88240 Name of Authorized Transporter of Casinghead Gas Or Dry Gas X Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Unit Sec. Twp. Rige. Is gas actually connected? Writen If well produces oil or liquids, O 29 32N 11W Yes When Yes OIL CONSERVATION DIVISIONS E.P. 0 6 1985 With and that the information given is true and complete to the best of my knowledge and belief. BY Supervisor District # 3 TITLE SUPERVISOR DISTRICT # 3 TITLE Supervisor Division must be accordance with RULE 1104. If this form is to be filled out completely for allowable on new and recompleted walls. All sections of this form must be filled out completely for allowable on new and recompleted walls. All sections of this form must be filled out completely for allowable on new and recompleted walls.				•			USA	Lease No.
Unit Letter 0		5	Blanco-	-PC Ext	t.	0.0.0, 1.000, 0.100	NM	010989
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Core Condenset X Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas X E1 Pass Natural Gas If well produces oil or liquids, or 29 32N 11W If this production is commingied with that from any other lease or pool, give commingling order number NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE The production is true and complete to the best of my knowledge and belief. APPROVED APPROVED OIL CONSERVATION DIVISIONS EP 0 6 1985 TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a panied by a balbulation of the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted walls.	o	820	Feet From The	, <u>S</u>	Line and	1850 Fee	From The E	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil © or Condensate X Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas © or Dry Gas X El Paso Natural Gas I Unit Sec. Twp. Rge. Is gas actually connected? If well produces oil or liquids, give location of tanks. O 29 32N 11W Yes If this production is commingled with that from any other lease or pool, give commingling order number. NOTE: Complete Parts IV and V on reverse side if necessary. VI. 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 is true and complete to the best of my knowledge and belief. By Supervisor District ** TITLE This form is to be sent) P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499 When Yes OIL CONSERVATION DIVISIONS E.P. 0 6 1985 APPROVED By Supervisor District ** TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests take on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted walls.	Line of Section 29	Township	32N		Range 11W	NMPM S	an Juan	County
give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number. NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE It hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. BY TITLE This form is to be filled in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted walls.	Conoco Inc. Surface Name of Authorized Transporter of Casingt El Paso Natural Gas	Transportationead Gas - or Dry Gas	X	Rge.	P. O. Box 460 Address (Give address to whice P. O. Box 499	O, Hobbs, NM (th approved copy of this form 90, Farmington	38240 n is to be sent)	99
NOTE: Complete Parts IV and V on reverse side if necessary. VI. 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 is true and complete to the best of my knowledge and belief. BY TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted walls.		0 29	32N	11W	Yes	İ		
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APPROVED BY TITLE Supervisor District # 8 This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted walls.	VI. CERTIFICATE OF COMPLI	ANCE				DIL CONSERVATION	ν DIVISION C	FP () 6 100F
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panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. (Title) All sections of this form must be filled out completely for allowable on new and recompleted walls.	Sot Make	! ,				compliance with RULE 110		SOR DISTRICT 采 8
17.10dy	Sr. Regulatory Analys				panied by a tabulation of th	e deviation tests taken on ti	ne well in accordant	ce with RULE 111.
Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter,	(Title)							
(Date) or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.		(Date)			or other such change of cor	idition.		

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2 Choke Size

Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D GAS WELL Gas · MCF Water - Bbis. Oil - Bbls. Actual Prod. During Test Choke Size Casing Pressure Tubing Pressure Length of Test Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks depth or be for full 24 hours) 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 SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE TUBING, CASING, AND CEMENTING RECORD Depth Casing Shoe Perforations Tubing Depth Name of Producing Formation Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) .Q.T.8.9 Total Depth Date Compl. Ready to Prod. Date Spudded Designate Type of Completion — (X) v'.e9A .hiQ Same Hes'v. Plug Back Мотколег Gas Well liew liO IV. COMPLETION DATA

Tubing Presssure (Shut-in)

Testing Method (pilot, back pr.)

Casing Pressure (Shut-in)