

Submit 5 Copies  
 Appropriate District Office  
 DISTRICT I  
 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 II  
 P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>CONOCO INC.</u>		Well API No. <u>300250421500</u>
Address <u>PO BOX 1959 MIDLAND, TX 79705</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>
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 <u>SANDERSON A</u>	Well No. <u>4</u>	Pool Name, including Formation <u>EUMONT QUEEN GAS</u>	Kind of Lease State, Federal or Fee	Lease No. <u>071031622A</u>
Location				
Unit Letter <u>D</u>	<u>990</u>	Fees From The <u>SOUTH</u> Line and <u>1650</u>	Fees From The <u>EAST</u> Line	
Section <u>11</u>	Township <u>20S</u>	Range <u>36E</u>	NMPM, <u>LEA</u>	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>PHILLIPS 66 NATURAL GAS COMPANY</u>	<u>4001 PENBROOK ODESSA, TX 79762</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				Is gas actually connected? <u>YES</u>
				When? <u>8-8-90</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
Date Spudded	Date Completed Ready to Flow		Total Depth			P.F.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

H.L. DEATHE  
 Signature  
H.L. DEATHE ADMINISTRATIVE SUPERVISOR  
 Printed Name  
SEP 6 1990  
 Date  
(915) 686-5400  
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
 By Paul Kautz  
 Orig. Signature  
Geologist  
 Title \_\_\_\_\_

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.

OIL CONSERVATION DIVISION

**Dobbs**  
P.O. Box 1980  
Hobbs, NM 88240

**Artesia**  
P.O. Drawer DD  
Artesia, NM 88210

**Artec**  
1000 Rio Brazos  
Aztec, NM 87410

NOTICE OF GAS WELL - CONNECTION / RECONNECTION / DISCONNECTION

This is to notify the Oil Conservation Division of the following:

Connection	<u>XX</u>	First Delivery	<u>8/8/90</u>	<u>                    </u>
			Date	Initial Potential
Reconnection	<u>      </u>	First Delivery	<u>                    </u>	<u>                    </u>
			Date	Initial Potential
Disconnection	<u>      </u>			

for delivery of gas from the Conoco, Inc  
**Operator**  
Sanderson A

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**Lease**  
095864      680      4      0      11-20-36  
Meter Code    Site Code    Well No.    Unit Letter    S-T-R  
Eumont Yates Seven Rivers Queen  
**Pool**

was made on 8/8/90  
date

                      
AOF

                      
Choke

Phillips 66 Natural Gas Company

**Transporter**

Doyle Pruden      Production Records Supervisor

**Representative Name/Title**  
(Please type or print)

Doyle Pruden  
**Representative Signature**

**OCD use only**

County Lea

Land Type Lea

Liq. Transporter None

Submit in duplicate to the appropriate district office.