Submit 5 Copies
Appropriate District Office
DISTRICT |
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO TE	RANSPORT OF	L AND NA	TURAL G	AS				
Operator CONOCO INC		Well	API No.	7 No. 025-09088					
Address 10 Desta Drive Ste	= 100W Midl	and, TX 797	 05			-025-09	000		
Reason(s) for Filing (Check proper box)	7 10077, 11141			t (Piesse expl	aia)				
New Well	Change	in Transporter of:		-	•	L GAS T	RANSPOR	rer	
Recompletion	Change in Transporter of: TO SET UP ADDITIONAL GAS TRA CURRENTLY HAVE: GPM & WARREN Casinoband Gas								
Change in Operator If change of operator give name	Casinghead Gas	Condensee	MAA1	- Los					
and address of previous operator							·		
II. DESCRIPTION OF WELL Lesse Name					·	<u></u>			
SOUTH EUNICE UNIT	Well No 46	o. Pool Name, includ RUNICE 7 R	•	50. <241	B	of Lease Federal or Fy		ease No.	
Location		INONIOE / K	AUD AN	00. \241	.0071	AA	X THE		
Unit Letter	<u>: 1650</u>	Feet From The EA	ST Line	198	<u>0</u> R	et From The	SOUTH	Line	
Section 28 Townshi	ip 22 S	Range 36	E, Ne	PM, LEA	L			County	
II. DESIGNATION OF TRAN	SPORTER OF	OH AND NATE	DAI CAS			-			
Name of Authorized Transporter of Oil	עע or Coad		Address (Give	address to w	tick approved	copy of this	form is to be a	ent)	
EXAS NEW MEXICO PL CO. ***********************************			P.O. BOX 2528, HOBBS, NM, 88240						
Name of Authorized Transporter of Casing	_ <u>707</u>	or Dry Gas	Address (Give address to which approved P.O. BOX 3000, TULSA,						
FXACO EXPL. & PROD INC If well produces oil or liquids,	C <022345> Unit Sec.	Twp. Rgs.	is gas actually		TULSA.		4102		
ive location of tents.	E 28	122 S 36 E	YES						
this production is commingled with that (V. COMPLETION DATA	from any other lease o	or pool, give comming	ing order numb	m:					
	Oil We	ell Ges Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Soudded	- (X) Date Compl. Ready		Total Depth	-	<u> </u>		İ	<u> </u>	
out special	Des Comp. Romy	to Flor.	Total Depts			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Produ		Formation .	Top Oil/Gas Pay		Tubing Depth				
Perforations						Depth Casing Shoe			
	T mn/c	CASDIC AND	(T) (T) (T)	C PECOP		<u> </u>			
		J, CASING AND TUBING SIZE	CEMENTING RECORD DEPTH SET				SACKS CEMENT		
			SET IN CE!			GASILO OGMENT			
									
. TEST DATA AND REQUES				<u> </u>		<u> </u>			
)IL WELL (Test must be after re Date First New Oil Rus To Tank	covery of total volume	e of load oil and must	be equal to or e				for full 24 hou	rs.)	
SHE FIRE I WW OIL KILE TO THE	Promiting Mar	100 (<i>r 10W</i> , pu	чф, Зе з 191, а	(C.)					
reigh of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.		Water - Bbis.			Gas- MCF			
		· · · · · · · · · · · · · · · · · · ·							
GAS WELL									
Actual Prod. Test - MCF/D	ual Prod. Test - MCF/D Length of Test			Bbls. Condensate/MIMCF			Gravity of Condensate		
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
7 OPEN 1 TO D CT -	<u> </u>		\ <u></u>						
I OPERATOR CERTIFICATION I hereby certify that the rules and regula			0	IL CON	SERVA	TION	DIVISIO	N	
Division have been complied with and to	that the information gi								
is true and complete to the best of my knowledge and belief.			Date	Date ApprovedFEB 2 1 1994					
But Karely			ORIGINAL SIGNED BY JERRY SEXTON						
Signature	•	DIL CDEC	Ву		TRICT I SL				
BILL R. KEATHLY S	SR. REGULATO	RY SPEC.	-						
2-16-94	915-686-5	424	Title_						
Date	Tel	lephone No.	1						

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.