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 III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	-	TO TRA	NSI	PORT OIL	L AND NA	TURAL G	AS				
Operator Conoco Inc.								API No.	191 No. 20390619200		
Address				*****				003700	1720	<u>U</u>	
3817 N.W. Ex	ressway,	0k1ah	oma	City, (OK 7311	.2		•			
Reason(s) for Filing (Check proper box	r)				Ot	her (Please expl	ain)		<u></u> -		
New Well Recompletion	Oit	Change in	Trans Dry (
Change in Operator	Casinghea		•	lensate 🕡							
if change of operator give name and address of previous operator						,		· ···			
• • • • • • • • • • • • • • • • • • •					· · · · · · · · · · · · · · · · · · ·		 	,	<u> </u>		
II. DESCRIPTION OF WELL Lease Name	L AND LEA		Dood	Name Jackyl	ine Rossetion		T to A	-f1		ann Ma	
Lease Name Well No. Pool Name, Include AX A ACH T					Sing			of Lease Federal or Fee	C-16	ease No.	
Location		4 -	V	Harris I	<u> </u>	1111920		VD/HV_	10-7-	7/	
Unit Letter	: <i>90</i>	90	Feet	From The	_Au	ne and//	90 F	eet From The _	E	Line	
Section / Town	thip 25	.1		سير		···· :	1-			_	
Section 10wi			Rang	6 3 W	<u>, , , , , , , , , , , , , , , , , , , </u>	IMPM,	B ALC	2134		County	
III. DESIGNATION OF TRA	ANSPORTE	R OF OI	LA	ND NATU	RAL GAS	i					
Name of Authorized Transporter of Oi	_	or Conden	sale	欧	Address (Gi	we address to w	hich approved	copy of this fo	1		
Name of Authorized Transporter of Chainghead Gas or Dry Gas						Address (Give address to which, approved copy of this form is to be sent)					
DAS COMDAND DEN	- 1	ш Х С СО	ωи	Y COR KA	P.O. 700	r access 10 W	0 I) .		M 879	^(mt) 4/3	
If well produces oil or liquids,	Unit		Twp.	Rge.	is gas actual	ly connected?	When		 	4.5	
					1 ye						
If this production is commingled with the COMPLETION DATA	int from any other		2001, (· •	~					
Designate Type of Completic	on - (X)	Oil Well	-	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations						``		Depth Casing	Shoe		
<u> </u>				···							
. LIOLE BIZE	TUBING, CASING AND						D				
HOLE SIZE	UAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT .		
V. TEST DATA AND REQU	EST FOR A	LLOWA	RI.	R.	<u> </u>			1			
OIL WELL (Test must be after					be equal to o	r exceed top allo	owable for th	is depth or be fo	r full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubles B			· ··· ··· ·	Casine Pass	202	A WAS	Choke Size			
	luoing Fre	Tubing Pressure									
Actual Prod. During Test	Oil - Bbls.	Oil - Bbis.							dia- MCF		
					<u> </u>	OCT 2	1990	<u> </u>			
GAS WELL						IL CON	I. DIV		•		
Actual Prod. Test - MCF/D Length of Test					Bbls. Codds	DIST.	3	Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Caging Pressure (Shut-in)			Choke Size			
			-			- · •				•	
VI. OPERATOR CERTIF I hereby certify that the rules and re Division have been complied with a is true and complete to the best of n	guistions of the one of the one of the one of the one of the or of the original	Oil Conserv	ration		 ·	OIL CON	OC.	ATION D		ON	
ww Baken							ر بر الم	d			
Signature J. E. Barton Administrative Supr. Printed Name Table					SUPERVISOR DISTRICT #3						
9-10-90	(40	5) 948		20	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.

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