Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	10	ŕ	10A100 07504-20			•			
I.			BLE AND AUT						
Operator	1016	MANSPORTO	L AND NATUR	KAL GA		API No.			
Conoco Inc.			039204500						
Address 3817 N.W. Ex	pressway, Okla	homa City,	OK 73112						
Reason(s) for Filing (Check proper be	xx)			ease explai	1)				
New Well	n	in Transporter of:							
Recompletion	Oil Casinghead Gas	Dry Gas)						
If change of operator give name and address of previous operator	the same of the sa	- Concensus (C)	,						
II. DESCRIPTION OF WEI	LL AND LEASE					· · · · · · · · · · · · · · · · · · ·			
Lease Name	Well No	2. Pool Name, Inclus	ting Pormation	(0)		of Lease	Le	ase No.	
Location		S/AND /	MESAVE CE	(GAS	781	BOTH OF Fee	10-	(47	
Unit Letter	: 660	Feet From The _	N Line and	6 lot	^	· · · · · · · · · · · · · · · · · · ·		••	
<i>n</i>	A \	_	Mas and	- 15		et From The		Line	
Section / Tow	mally 25N	Range 3	, NIMPM,	KI	o Hz	<u> </u>		County	
III. DESIGNATION OF TR Name of Authorized Transporter of O	ANSPORTER OF								
GIANT REFINING	ا السلم	KX	Address (Give add		/				
Name of Authorized Transporter of C		or Dry Gas	Address (Give add	TEDALE	h anni and	come of this form	A28	1 3 00	
048 (burpango		0	PO. Box 18	99.6	Loon	FIELD	M 87	413	
If well produces oil of liquids, give location of tanks.	Unit Sec.	Twp. Rge	Is gas actually com	ected?	When	7			
If this production is commingled with t	hat from any other lease o	r pool, give comming	ting oper number:		L				
IV. COMPLETION DATA									
Designate Type of Completi	on - (X)	II Gas Well	New Well Wor	rkover	Deepen	Plug Back St	ıme Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	<u>1</u>		P.B.T.D.		<u> </u>	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth				
Perforations					Depth Casing Shoe				
			·						
HOLE SIZE		, CASING AND TUBING SIZE	CEMENTING RECORD						
HOLL GIZL	CASING a	IUBING SIZE	DEPTH SET			SACKS CEMENT .			
							······································		
V. TEST DATA AND REQU	EST FOR ALLOW	ABLE		 		<u> </u>		 	
OIL WELL (Test must be aft	er recovery of total volum	e of load oil and mus					full 24 hour	z.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pum	p, gas lift, e	(c.)			
Length of Test	Tubing Pressure		Casing Parties In C. 1			Choke Size			
, 			int						
Actual Prod. During Test	Oil - Bbis.	Oil - Bbla.		Water - Bolle OCT 2 1990			Gas- MCF		
GAS WELL			Oll	CON	. DIV				
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCIST. 3			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (She	1-in)	Casing Pressure (Shut-in)			Choke Size			
III opposition			\						
VI. OPERATOR CERTIF 1 hereby certify that the rules and re				CONS	SERVA	ATION D	NISIO	N	
Division have been complied with a	ad that the information gi	ven above		J J 1				17	
is true and complete to the best of n	ny knowledge and belief.		Date App	oroved	UC	T 0 3 1990	}		
W.W. Baker		·		~		d	/		
Signature J. E. Barton	Administrat	ive Sunn	Ву		, ,,	Jun	<i></i>		
Printed Name	<u>nuministiat</u>	THE	11	SU	PERVIS	OR DISTR	ICT #3		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(405)

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

948-3120 Telephone No.

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.