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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	<u> </u>		. 0111 01	= / 110 / 171	191012	Wall	API No.			
CONOCO INC						3	30-039-2 4 2	71		
10 Desta Drive St	te 100W, Mi	dland,	TX 79	705						
Reason(s) for Filing (Check proper box)			· · · · · · · · · · · · · · · · · · ·	Oth	et (Please ex	plain)				
New Well Recompletion	Consider in Transporter of					TO MATCH THE C-104 INFORMATION TO THE				
Change is Operator	ONGARD AUDIT INFORMATION SHEETS									
If change of operator give name and address of previous operator	Casinghead Gas	<u> </u>								
II. DESCRIPTION OF WELL	AND LEASE									
Lease Name JICARILLA 20	110 1		Name, includ	•	COTA LID		of Leass Federal or Fee	Lesse No.		
Location E				ALLUP-DA	AUIA, WE			CONTRACT 660		
Unit Letter	_ :1785	Feet	From The No	ORTH Lim	3	35 F	est From The	EST Line		
Section 18 Townshir	25 N	Rang	04	W - N	MPML R	IO ARRIE	A.	County		
III. DESIGNATION OF TRAN	CPOPTED OF	. OII A	ND NATE	DAI CAS						
Name of Authorized Transporter of Oil	or Co	ndenme	IXX		e address to 1	vhich approve	copy of this form	is to be sent)		
GIANI REFINERI (009010)				P.O. BOX 338, BLOOMFIELD, NM. 87413						
Name of Authorized Transporter of Casinghead Gas				Address (Give address to which approved copy of this form is to be sent) 10 DESTA DR STE 100W, MIDLAND, TX 79705						
If well produces oil or liquids,	Unit Sec.	Twp	Rgs	is gas actually		When		IX 19105		
give location of traks.	B 18	[25N		YES						
If this production is commissed with that I IV. COMPLETION DATA	from any other leas	or pool, p	give comming	ing order numb	MET:					
Designate Type of Completion	CO COURT	Vell	Gas Well	New Well	Workover	Deepea	Plug Back Sa	me Res'v Diff Res'v		
Date Spudded	Date Compl. Resc	ly to Prod.	,	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay						
Elevanous (DF, RKB, RT, GR, etc.) Name of Producing Formation			,			Tubing Depth				
Performices				•			Depth Casing S	nos		
TUBING, CASING AND CEMENTING RECORD										
HOLE SIZE CASING & TUBING SIZE				DEPTH SET)						
					ان. الفران الأفران					
				DECO			91993			
				₽ & ♥ &	5 100Q ¹					
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 the depth or be for full 24 hours.) Date First New Oil Rua To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	T.1' D			Casing Pressure			Choke Size	Choka Siza		
Langua de 102	Tubing Pressure			Ciang Pressure						
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL						- · · · - ,	1,	<u> </u>		
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condens	ete/MMCF		Gravity of Coad			
			·	Casing Pressur	- (Shirt in)		Chales Sine	1		
Testing Method (pitot, back pr.)	Tubing Pressure (5	enus-en)		Cating Present	e (2006-10)		Choke Size	!		
VL OPERATOR CERTIFICA			NCE		ME COM	USEDW	A PIONI PU	VIČIĆANI		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.				Date ApprovedDEC 2 9 1993						
Bing	Λ /									
SIZE BILL R. KEATHLY SR. REGULATORY SPEC.					By They					
Printed Name Title				SUPERVISOR DISTRICT #3						
12-17-93 Date	915-686-	-5424	<u> </u>	Title_		·	·			
U-BE	1	[elephone	NO.							

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.