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

DISTRICT II P.O. Drawer DD, Artesla, NM 88210 State of New Mexico
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Conoco Inc. Address 3817 N.W. Expressway, Oklahoma City, OK Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Ffective date: 7-1-91 Dry Gas Recompletion Change In Operator Caringhead Gas Condensate if change of operator give name and address of previous operator Mesa Operating Limited Partnership, P.O. Box 2009, Amarillo, Texas 79189 II. DESCRIPTION OF WELL AND LEASE Lease Name Pool Name, Including Pormation Kind of Lease Leans No. Ram Pictured Cliffs 5-Blanco State, Federal or Fee Location W Unit Lette 1010 Township Range County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Name of Authorized Transporter of Casinghead Gas or Dry Cas [XX] Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas P.O. Box 1492, El Paso, Texas 79999 if well produces oil or liquids, 509 9 is gas actually connected? When 7 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number IV. COMPLETION DATA Oll Well Clas Well New Well | Workover Deepen Plug Back | Same Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Efforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** 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 to be after recovery of total volume of load oil and must be equal to or exceed top allowable for this total and must be equal to or exceed top allowable for this total and must be equal to or exceed top allowable for this total and must be equal to or exceed top allowable for this total and must be equal to or exceed top allowable for this total and must be equal to or exceed top allowable for this total and must be equal to or exceed top allowable for this total and must be equal to or exceed top allowable for this total and must be equal to or exceed top allowable for this total and must be equal to or exceed top allowable for this total and must be equal to or exceed top allowable for this total and must be equal to or exceed top allowable for this total and must be equal to or exceed top allowable for this total and must be equal to or exceed top allowable for this total and must be equal to or exceed top allowable for this total and the equal to or exceed to be exceeded as the equal to or exceeded and the equal to Date First New Oil Run To Tank DIST length of Test Tubing Pressure Casing Freque Choke Size Actual Prod. During Test Oil - Bbia Water - Bbla. Clas- MCF GAS WELL Actual Prod. Test - MCF/D Length of Test . Bbla. Condensate/MMCF Oraylty of Condensate lesting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-In) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above MAY () 3 1991 is true and complete to the best of my knowledge and belief. Date Approved

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

Printed Name

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

By.

Title.

SUPERVISOR DISTRICT 43

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

<u>Administrative Supr.</u>

Title

948-3120

- 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.