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

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		OTRA	NSPO	RT OI	L AND N	ATURAL	.GA	S				
Conoco Inc.								1	API No.	2254	(D)	
Address								20	10370	des 4	<u>w</u>	
3817 N.W. Expr Reason(s) for Filing (Check proper box)	essway,	Oklaho	oma C	ity, (
New Well		Change in		er of:	L) U	ther (Please	ефіа	n)				
Recompletion	Oil Carlaches d	7-2-4	Dry Gas									
If change of operator give name	Casinghead	I GHE	Condens	ite 🞾								
and address of previous operator							 -	 				
IL DESCRIPTION OF WELL Leage Name			Pool-Nen	ne. Inchvi	ing Formation			764	of Lease	-, ,	Lacar Ma	
AN APACHE K		4	GAN	WHOY	uns C	VIFF5	<u>L.</u>		Federal or Fe	* C-	Lease No.	
Location Unit Letter	: 90	90_	Feet Pron	n The	ے کے	ne and	10	27 F	et From The		Line	
Section 3 Townshi	. 16	م	Range	Su	۱. د	IMPM.		Λ	<u>کوند ر ام</u>	4	County	
III DESIGNATION OF TRAN	CDARTER	OF OU		314000			-				County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condens					to whice	h approved	come of this	form is to be s		
BIANT REFININGCO.					Address (Give address to which approved copy of this form is to be sent) 23.733 N. JAOTYSDALE To Scotts DALE AZ 8555							
Name of Authorized Transporter of Sasinghead Gas or Dry Gas (1)					Address (Give address to which approved copy of this form is to be sent)							
well produces oil of liquids. Unit Sec. Two. Re				Rge.	P.O. Box 1899 SINOMFIEL N. M. 87413 Is gas actually connected? When?							
give location of tanks.	<u>Ļ_Ļ</u>				1/5	3		<u>i</u>	·			
If this production is commingled with that it. IV. COMPLETION DATA	rom any other				ing order nun	nber:		·				
Designate Type of Completion	- (X)	Oil Well	Gar	Well	New Well	Workove	er T	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations					<u>L</u>				Depth Casing Shoe			
	TI	IBING. C	ASING	AND	CEMENTI	NO REC	OPD		<u> </u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT .			
-												
V. TEST DATA AND REQUES	T FOR AL	LOWAI	RI.E									
OIL WELL (Test must be after re				and must	be equal to or	exceed top	allow	able for this	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing M							
Length of Test	Tubing Pressure				Casin Pressure C 2 1				Ghoke Size			
Actual Prod. During Test	Prod. During Test Oil Dista				Water Phia.				Gas- MCF			
Actual Prod. During Test Oil - Bbls.						0.00 1990			Cas- MCF			
GAS WELL							<u> </u>		· ·	•		
Actual Prod. Test - MCF/D	Length of Test								Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			

I. OPERATOR CERTIFICATION I hereby certify that the rules and regulate	tions of the Oi	Conservat	tion	E		OIL CC	ONS	SERVA	TION I	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.									•			
Ash.	- 				Date	Appro	ved		OCT 0:	3 1990		
Signature					By_			7	4		•	
w.J. E. Barton Administrative Supr.					Day!							
70-90 (405) 948-3120					Title SUPERVISOR DISTRICT 13							

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
- 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.