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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 882/10

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT E P.O. Drawer DD, Artesia, NM \$1210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

le		0 110	1101	<u> </u>	11 012	. / 1116/10/1	TOTAL	Well	API No.			
Operator Conoco, Inc.									3004524486			
Address												
10 Desta Drive, Sui	te 100k	Mid'	land	1,	TX 7	9705	et (Please expi	lain)				
Resson(s) for Filing (Check proper box)		Change in	Tone	~~1=	- ^4		at it rease exte				,	
New Well	Oil		Dry (•		Fffe	ctive Da	ta o	- L 1	1003		
Recompletion :	Casinghese					G110		<u> </u>	ober I.	_1993		
Change of operator give same ADCC	Oil ar	d Gas	Cor	npa	nv. 1	816 E. N	lojave, F	armingt	on. New	Mexico	87401	
and about the previous operation							<u> </u>					
I DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including						as Engratina			Kind of Lease		esse No.	
Lane Name Krause WN Fed.	4E Basin					1.		State, Pederal or Fee		SE078863		
Location												
Unit Letter P	1.02	25	Feet	From	The Sc	outh_lie	. and	975 <u> </u>	et From The .	East	Line	
22	OOM		_		1 1 747		· ~		Son	Juan	County	
Section 33 Township	28N		Rang	•	11W	<u></u>	MPM,		Sal	Lanan	- County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND	NATU	RAL GAS	-					
Name of Authorized Transporter of Oil	e address to w				1							
Meridian Oil Company							P.O. Box 4289 Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						I .			ngton. NM 87499			
El Paso Natural Ga			Twp		ž m.		y consected?	When		N.W.	7499	
If well produces oil or liquids, give location of tanks.	P	33	28		11W	Yes		i				
If this production is commingled with that	from any oth		pool, (pive (comming	ing order num	ber:					
IV. COMPLETION DATA			·					T =	,	C 2>	Diff Books	
Designate Type of Completion	- 00	Oil Well		Gas	Well	New Well	Workover	Doepee	i ling rack	Same Res'v	Diff Res'v	
Date Speeded	Date Comp	i. Ready to	Prod			Total Depth	<u> </u>	.1	P.B.T.D.		. <u> </u>	
Data Spanner												
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Ges Pay			Tubing Depth				
Perforations						<u> </u>			Depth Casing Shoe			
renormon												
	<u> </u>	UBING,	CAS	IN(AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
	 					 						
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E								
OIL WELL (Test must be after t	ecovery of 10	cal volume	of loa	वं ठवे	and must	be equal to or	exceed top ell	lowable for the	depth or by	for full 24 No		
Date First New Oil Run To Tank	Date of Te	L				Producing M	ethod (Flow, p	ump, gas up.,	m .1			
Length of Test	rth of Test Tubing Pressure					Casing Pressure			Choke Size			
Longer or 1000	10000								Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bols.							
	<u> </u>					J			1		· · ·	
GAS WELL						Bbla Conde	mte A LACT		Gravity of	Condensate		
Actual Frod Test - MCF/D	Length of	1 00%				Boile Coule				atilies estite	^{*,}	
Testing Method (pilot, back pr.)	Tubing Pre	saure (Shu	(-in)			Casing Press	ure (Shut-is)		Choke Size			
Total March County County of												
VL OPERATOR CERTIFIC	ATE OF	COM	PLL	N	Œ			UCEDV	ATION	DIVISI	ΩN.	
I hereby certify that the rules and regulations of the Cil Conservation. Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.						1					314	
						D-4		, (OCT 7	1993		
Del Rea		<u>'</u>				Date	Approve		 			
But Karely						By Bull Charl						
Signature Li III S. P. I. Jamy South						By_				·	* C	
Bill R Keethly Sr. Rogulatory Spec.					Title		auren	MBOR N	s stable	F &		
9.30-93	5,	15 6 <u>3</u> Tel	6-	<u>-</u> 4	124							
Dute		Tel	ephoo	e 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.