5 Copies

Figure District Office

Figure 1 RICT I

F.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

rm C-104 vised 1-1-89 See Instructions

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

I.		O TRA	NSPO	ORT OIL	AND NA	TURAL G							
Operator Conoco Inc	Conoco Inc.						Well A						
Address						30-045-08440							
3817 N.W. Expre	essway,	0klah	oma C	ity, 0	K 7311	2				•	}		
Reason(s) for Filing (Check proper box)			,			es (Piease expi	ain) .			<del>,</del>			
New Well		Change in	•		r-0	ective	The	(m) .	2-	1-91			
Recompletion	Oil Casinghead		Dry Gas Conden		ZT 1	CCTIVE	uer	C.	1-1	//			
If change of operator give same Mesa Operating Limited Partnership, P.O. Box 2009, Amarillo, Texas 79189													
				4 . 4. 5.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- LO	<del></del>	, , , , , , , , , , , , , , , , , , , ,	o, .c			
II. DESCRIPTION OF WELL			D1 32		17			W1- 1 -			ase No.		
Lesse Name  Eage/sen "//"									ind of Lease No.  ste, Federal or Fee 1300-02				
Location O													
Unit Letter	·: <u> </u>	90	Feet Pro	om The 🚣	XITA LIO	$\frac{8}{2}$	10	Fee	t From The .	Cast	Line		
Section // Township 29N Range //W , NMPM, San Juan County													
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS													
Name of Authorized Transporter of Oil or Condensate XX Address (Give address to which approved copy of this form is to be sent)													
Giant Refining, Inc.  Name of Authorized Transporter of Casinghead Gas or Dry Gas [XX]					Box 338, Bloomfield, New Mexico 87413  Address (Give address to which approved copy of this form is to be sent)								
1 Paso Natural Gas					P.O. Box 1492, El Paso				•••				
if well produces oil or liquids,	Unit Sec. Twp. Rge.			Is gas actually connected? When									
ive location of tanks.	P	//		110		23							
I this production is commingled with that f  IV. COMPLETION DATA	rom any othe	et jease of b	oool, giv	s commingi	ing order num	ber:	<del></del>	·		<del></del>	<del></del>		
· · · · · · · · · · · · · · · · · · ·	<del></del>	Oil Well		les Well	New Well	Workover	Dec	pen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		<u>i</u>	i		<u>i</u>	<u>i</u>	<u>i</u>	<u>.</u> i		<u>i</u>	<u>i</u>		
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/Gee Pay				Tubing Depth ·				
Perforations							<del></del>		Depth Cesic	g Shoe_	<u>ra</u>		
										INE	M		
TUBING, CASING AND					CEMENTI						17		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS GEMENT .			
									MAY O 3/35				
									CON. DIA				
					OIL CO. 3								
V. TEST DATA AND REQUES  DIL WELL (Test must be after re							laura <b>ki</b> la	en ekin			1		
DIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		oj ioda c	ni ana musi		ethod (Flow, p				or juli 24 note	73.)		
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
tual Prod. During Test Oil - Bbls.				Water - Bbla.				Gas- MCF					
Victima Llogr Draing test	t Oil - Bbls.				,								
GAS WELL	.L	*****	<del></del>						•	•			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity-of Condensate				
	The base of the last								Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Circle 5125				
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE									
I hereby certify that the rules and regulations of the Oil Conservation					(	OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					MAY 0 3 1991								
A A A A A A A A A A A A A A A A A A A					Date	Approve	ed			1			
1010 Balle					_	Bill Chang							
Signature W.W. Baker Administrative Supr.					By_	SUPERVISOR DISTRICT 13							
Printed Name 7 / Title					Title		50	71 IA/N	TIGON L	io i niu i	# U .		
5-1-91	(40	5) 948	-312		1 1116		•						
Date		I ele	human IA	NJ.	11								

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.