Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.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

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

Santa Fe, New Mexico 87504-2088

I	TO	TRAN	SPORT OIL	AND NATURAL (
Conoco Inc.	Well API No.				î				
Address	30-045-09113								
3817 N.W. Expr	essway, O	klahon	na City, C				<u></u>		
Reason(s) for Filing (Check proper box) New Well	Ch Ch	ange in Tr	ansporter of:	Other (Please ex		_	_		
Recompletion	Oil		ry Gas	Effec	tive .	Dates 1	-1-4	7	
Change in Operator	Casinghead G		ondensate 🗌			·			
of change of operator give name Meso	ı Operatiı	ng Lim	ited Part	nership, P.O. B	ox 2009,	Amarillo	, Texa	s 79189	
II. DESCRIPTION OF WELL	AND LEASI	E		. '					
Lease Name Face/son 127	Name Well No. Pool Name, Includ					of Lease No. Péderal or Fee 1320-01			
Location	00				- 4				
Unit Letter	: <u>950</u>	<u>2 </u>	ed Prom The 🊄	buth line and	7 <u>80 </u>	eet From The	<u>Ca.51</u>	Line	
Section 27 Townshi	301	/ R	ange //W) NMPM.	San	Tuan	'	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF OIL Condensate			which engrave	d come of this form	ie to be see	<u> </u>	
Giant Refining, Inc.	· · · · · · · · · · · · · · · · · · ·				Address (Give address to which approved copy of this form is to be sent) Box 338, Bloomfield, New Mexico 87413				
	Authorized Transporter of Casinghead Gas or Dry Gas XX			Address (Give address to	which approve	d copy of this forn	opy of this form is to be sent)		
El Paso Natural Gas If well produces oil or liquids,	Unit Sec	. 17	wp. Rge.	P.O. Box 1492		79999			
pive location of tanks.			mp. Rge.	is gas actually connected?	Wher	17			
f this production is commingled with that									
V. COMPLETION DATA			· _V	·					
Designate Type of Completion	- (X) O	ii Well	Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. R	eady to Pr	od.	Total Depth		P.B.T.D.		L	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay	Tubing Depth	Tubing Depth				
Perforations	<u></u>		* 11.	L		Depth Casing S	hoe		
		nia a	10010 110						
HOI E SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SE	- 1 1	E M	NT .		
				- 5		6 E 1 A.			
					10) 1				
	ļ				- <i>M</i> -	MY 0 3 199	1		
V. TEST DATA AND REQUES	T FOR ALI	OWAB	LE				DIA	 	
IL WELL (Test must be after r	ecovery of total 1	rolume of l	ood oil and must	be equal to or exceed top a	llowable for	de wor be some	full 24 hours)	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow,	pump, gas Tyr,	see' DI21.	,,,	للعقدة وال	
Length of Test	Tubing Pressur	A		Casing Pressure	· · · · · · · · · · · · · · · · · · ·	Choke Size			
				-					
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.	-	Gas- MCF			
GAS WELL	<u> 1</u>		,	<u> </u>		 	,	J	
Actual Prod. Test - MCF/D	Length of Test		· · · · · · · · · · · · · · · · · · ·	Bbls. Condensate/MMCF	•	Gravity of Con-	Sen eate		
					~				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	ATE OF C	OMPI I	ANCE			<u>. L</u>			
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION					
Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.				MAY 0 3 1991					
· · · · / /				Date Approv	ed		J. (7 #		
will be	**************************************			D.:	7.	1) d		•	
Signature W.W. Baker	Administ	rative	Sunr.	Ву	<i>ليما 2</i>				
Printed Name		Ti	tie	Title	SUPER	ivisor dis	TRICT	13	
5-1-91 Dete	(405)	948-3			•	· - · · · · · · · · · · · · · · · · · ·		······	

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.