

Field Office
 Hobbs, NM 88240
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

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
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**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

JAN 25 '90

Operator CONOCO OIL AND GAS COMPANY	Well API No. 3001525729	U. S. D. ARTESIAN WELLS
Address BOX 1710, HOBBS, NEW MEXICO 88240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	Effective 2/1/90
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name BATSH FEDERAL	Well No. 3	Pool Name, Including Formation N. SHUGART BONE SPRINGS	Kind of Lease FED State, Federal or Fee	Lease No. LC029389A
Location Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line	Section 9	Township 18S	Range 31E	County EDDY

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PRIDE PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) BOX 2436, ABILENE, TX 79604	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONOCO INC.	Address (Give address to which approved copy of this form is to be sent) BOX 1959, MIDLAND, TX 79702	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. B 9 18S 31E	Is gas actually connected? When? YES 5/23/88

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> 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	TUBING, CASING AND CEMENTING RECORD		DEPTH SET		SACKS CEMENT Post ID-3 1-2-90 by LT:KOC			

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 depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

James D. Cogburn
 Signature
James D. Cogburn, Administrative Supervisor
 Title
 1/22/90
 Date
 392-3551
 Telephone No.

OIL CONSERVATION DIVISION
FEB 2 1990
 Date Approved _____
 By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
 Title **SUPERVISOR, DISTRICT 19**

- 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.