Submit 5 Co Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

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

OIL CONSERVATION DIVISION

P.O. Box 2088

AUG 1 7 1993 -

DISTRICT III

Santa Fe, New Mexico 87504-2088

C. C. D.

1000 Rio Brazos Rd., Azzec, NM 87410 I.		T FOR ALLO				, ,			
Operator Conoco Inc.	tor /				Well API No. 30-015-25809				
Address 10 Desta Drive Ste	= 100W. Mic	dland, TX	79705						
Reason(s) for Filing (Check proper box)			3778	her (Please expi	ois)				
New Well		ege in Transporter of	f: TO	CHANGE LE	ASE NAM	1E FROM I	AGGER I	RAW	
Recompletion	Oil Casinghead Gas	Dry Gas Condensate	COM EFF	NO 5 -EG ECTIVE AU		ro daggei . 1993	R DRAW 3	SON COM	
If change of operator give name	Canagassa Gas	Constants				<u> </u>			
and address of previous operator			·						
IL DESCRIPTION OF WELL Lease Name		No. Pool Name, I	ochuline Formation		Vind	of Lease		>/-	
DAGGER DRAW 30N COM	5		RAW UPPER			Federal or Fee	MM OF	559175	
Location B	. 990		NORTH	100		T	2 A C/ID		
Unit Letter	- : 	Feet From Th	• Lis	198		est From The _	SAST	Line	
Section Townshi	19 S	Range	25 E , N	mpm, EDI)Y 			County	
Ш. DESIGNATION OF TRAN	SPORTER OF	OIL AND NA	TURAL GAS						
Name of Authorized Transporter of Oil XX or Condensate			Address (Gi	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 702068, TULSA, OK. 71470					
Name of Authorized Transporter of Casing	singhead Gas A or Dry Gas								
PHILLIPS 66 NATURAL GA	s co.	CO. 4001 PENBROOK, OD		ODESSA	SSA. TX. 79760				
if well produces oil or liquids, pive location of tanks.	Unit Sec. 119	19S 25E	Rgs. is gas actuali YES	y connected?	When	A?	-		
f this production is commingled with that I	from any other less			R-952	22-A				
V. COMPLETION DATA	Oil V	W. 1 G . T.							
Designate Type of Completion		Well Gas We	II New Well	Workover	Despen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Read	ly to Prod.	Total Depth	<u> </u>		P.B.T.D.		-J	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producin	g Formation	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
er (cratical)									
						Depth Casing	Shoe		
			ND CEMENTI	CEMENTING RECORD					
HOLE SIZE	CASING 8	TUBING SIZE		DEPTH SET			SACKS CEMENT Past ID-3 8-27-93 chy Lename		
. TEST DATA AND REQUES	FOR ALLO	WABLE				0	, 		
IL WELL (Test must be after re-	covery of total volu						full 24 hours	s.)	
ate First New Oil Rua To Tank	Date of Test		Producing Me	thad (Flow, pur	p, gas lift, et	c.)			
ength of Test	Tubing Pressure	<u> </u>	Casing Pressu	Casing Pressure			Choke Size		
ctual Prod. During Test	Oil - Bhla.		Water - Phia	Water - Bbis.			Gas- MCF		
	Ou - Both		Water - Dork				WICE		
GAS WELL			*,		<u>-</u> -	_ ·			
ctual Prod. Test - MCF/D	Length of Test		Bbls. Condens	Bbis. Condensus/MMCF			Gravity of Condensate		
sting Method (pitot, back pr.)	Tubing Pressure (S	hut-in)	Casing Pressu	Casing Pressure (Shut-in)			Choke Size		
L OPERATOR CERTIFICA					SEDVA	TION D	NICIO		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION					
is true and complete to the best of my kin	owledge and belief.	•	Date	Approved	AU	G 1 9 199	33		
Level & Zea	Rh			FF:					
Signature BILL R. KEATHLY	By	O Marka Sidiles							
Printed Name Title			Tala	MIKE WILLIAMS Title SUPERVISOR, DISTRICT !!					
8-12-93 Date	915-686		Title_	SUPER	vioun, L	JIOTHIOT I	*		
	10	elephone No.	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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.