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Submit 5 Copies Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Departmen					ent ^H	ELEIVEL	Form (
DISTRICT I P.O. Box 1980, Hobbs, NM 88240							DEC 1 3 1995 at Bottoms of Page			
DISTRICT II	(01013 (350 ····································		
P.O. Drawer DD, Astania, NM \$\$210		Santa	P.O. E Fe, New M	lox 2088 fexico 875	04-2088		ç, ç, p		1	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	BEOU									
I.			R ALLOWA							
Operator CONOCO INC						Well	API No.			
Address				·		30	0-015-25833			
10 Desta Drive St	te 100W.	Midland	I. TX 79'	705						
Reason(s) for Filing (Check proper box) New Well		Change in Tr		_	er (Please capit					
	Oil	· · · ·	ry Ges	THE	ONGARD I	AUDIT CO	RTER TO A	GREE W. 5.	LTH	
Change in Operator	Casingheed	Gas 👔 Co	vadeasate							
If change of operator give same and address of previous operator										
IL DESCRIPTION OF WELL							4			
Lease Name DAGGER DRAW 30SE COM	Weil No. Pool Name, Including For 8 DAGGER DRAW UPI				Sec. 1			f Lesse Lesse No. Federal or Fee NM 0559175		
Location	1000		_			I				
Unit Letter	_ :_1980	F•	et From The $\frac{S(n+1)}{2}$	JUTH Lin	e and198	50 F e	et From The	AST	Line	
30 Section Townsh	աթ 19 Չ	SR	25	E , N	MPM, EDI	DY			County	
III. DESIGNATION OF TRAI	SPADTE		AND NATE	RAL GAS						
Name of Astheniand Transactor of Oil		or Condensate		Address (Giv			copy of this for			
AMOCO PIPELINE CO (000 Name of Authorized Transporter of Casis		XX or), TX 793 copy of this for			
CONOCO INC (005073)				10 DEST	TA DR STI		MIDLAND			
If well produces oil or liquids, give location of tenks.		Sec. Tv 19 19		is gas actual YES	y connected?	When	?			
If this production is commingled with that					R-95	22-A				
IV. COMPLETION DATA		lou mun	1		Workover	1	Plug Back S		Diff Res'v	
Designate Type of Completion	- (X)	Oil Well 	Ges Well	New Well	wantower	Deepen	I PROFIDENCE S			
Date Spudded	Date Compl	. Ready to Pro	od.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	tice	Top Oil/Ges Pay			Tubing Depth			
Performant							Depth Casing Shoe			
		TUBING, CASING AND						SACKS CEMENT		
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			Port FD-3		
								12-21-73		
							Che o-1 · II			
V. TEST DATA AND REQUE						his for the	dooth on he for	6.11 74 hou		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test		oad oil and mus	Producing Me	etceat top and sthod (Flow, pu	mp, gas lift, a	te.)			
					Casing Pressure			Choke Size		
Length of Test	Tubing Pres	Tubing Pressure			Caring Pressive					
Actual Prod. During Test	During Test Oil - Bbls.			Water - Bols.			Gas- MCF			
				1	<u>i</u>		L			
GAS WELL Actual Prod. Test - MCF/D	Length of T	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate		
	-	Tubing Pressure (Shut-in)			Casing Pressure (Shat-is)			Choke Size		
Testing Method (pisot, back pr.)	I UDING Pres	ene (797-5)		Calling PT058				_		
VI. OPERATOR CERTIFIC	CATE OF	COMPLI	ANCE)N	
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 Date Approved						
is true and complete to the best of my				Date	Approve	d	UEC 22	993		
Bis K.Z		en .					or I			
Signature BILL R. KEATHLY			SPEC.	^{By} _		1 90	DISTRICT I			
Printed Name		Ti	tle	Title	CLIPEP	VISUN				
12-10-93	915-	686-5424	Ł							
Date		Telepho	ne No.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.