ubmit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

**RECEIVED** 

at Bottom of Page

O. Box 1980, Hobbs, NM 88240	OT		NC	FPVA'	TION D	IVISIO	V		at Double	
OISTRICT II O. Drawer DD, Artesia, NM 88210	OII			P.O. Bo	FION DIVISION c 2088 kico 87504-2088			EB 08 '8	3	
OOO Rio Brazos Rd., Aztec, NM 87410	REQUES	T FOI	R AL	LOWAB	LE AND A	UTHORIZ	ATION	O. C. D.		
	TO	TRAN	ISPO	ORT OIL	AND NAT	URAL GA	S A	ITESIA, OFFI	<u> </u>	<del></del> 7
Operator Conoco Inc.							Well Al	<b>-</b> 015 <b>-</b> 260	)13	
Address	abba Nav	Mozi		88240						
P. O. Box 460, H  Reason(s) for Filing (Check proper box)	obbs, New	Mexi		00240	Othe	t (Please expla	in)			
New Well	Cha	nge in T	ranspo	rter of:						
Recompletion	Oil		Dry Ga			hares	1.1.11	Meno		
Change in Operator	Casinghead Ga	s (	Conden	sate	01	an a	WW.	I for the		
f change of operator give name and address of previous operator						<u> </u>				
II. DESCRIPTION OF WELL	AND LEASE	<u> </u>					77: 1	<u> </u>	- 14	ase No.
Lease Name Lehman Federal	, We	li No.   I			ng Formation	Donn	State I	f Lease Tederal or Fee	NM-16	
	60m	1	Dag	ger Dra	w upper	Penn.,	MO.   -	4-4-4-	1 141-1-	<del></del>
Location	. 710		Cant Co	om The SC	outh 1 in	and <u>990</u>	Fee	et From The _	West	Line
Unit Letter	_ :	!	rea ri		<u> </u>	- 4IN				_
Section 18 Townshi	<b>1</b> 98	1	Range	25E	, N	ирм,	Eddy			County
	coopeen (	SE OU	r A 1841	TA NIA TTI II	DAT CAS					
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		Ondens	L AIN	DINATU	Address (Giv	e address to wi	ich approved	copy of this for	rm is to be se	nt)
Conoco Inc. Surface	I X I				P. O. B	ox 2587.	Hobbs.	New Mex	ico 882	240
Name of Authorized Transporter of Casin			or Dry	Gas		e address to wi				
Conoco Inc.					P. O. B	ox 460.	Hobbs, I When		<u>20 882</u>	40
If well produces oil or liquids, give location of tanks.	Unit Sec	:	Twp.	Rge.  25E	ls gas actuall Yes	y connected?	   wien	1-12-	89	
If this production is commingled with that	from any other is					ber:	CTB-338			
IV. COMPLETION DATA	Hom my calor is	J. P								
		il Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		X	<u>_</u> Ļ		X Total Depth	<u> </u>	l	P.B.T.D.		
Date Spudded	Date Compl. R		Prod.		Iotal Depui	8123'			056'	
11-29-88 Elevations (DF, RKB, RT, GR, etc.)		1-11-89 Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
3612' Gr.	Cisco			7868'			7885'			
Perforations					<u>-                                    </u>			Depth Casing		
7868' - 7875', 7881	<u>' - 7911'</u>				CE) CE) ITI	NC DECOR	<u> </u>	<u>                                     </u>	123 <b>'</b>	
					CEMENII	NG RECOR		S	SACKS CEM	ENT
HOLE SIZE 12-1/4"		CASING & TUBING SIZE			1205'			760 Sx.		
8-3/4"	7'	7"			8123'			1720 Sx.		
3 3/ 1	2-7/8"			7885'			ļ. —-	Port ±0-3 3-12-89		
	OF TOP AT		DIE	<del>,</del>						Il name
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR AL	LOWA	ABLE	al and mus	i he equal to o	r exceed top all	lowable for the	s depth or be j	for full 24 hou	ers.)
OIL WELL (Test must be after  Date First New Oil Run To Tank	Date of Test	votume	oj rodia	Ou tand miles	Producing M	lethod (Flow, p	ump, gas lift,	etc.)		
1-6-89	1-14-89			Pumping			<u> </u>	_Post_	<u> 10-2</u>	
Length of Test	Tubing Pressu				Casing Press	aure		Choke Size	3-1	7-89
24					Water - Bbl			Gas- MCF	cm	p + BK
Actual Prod. During Test	Oil - Bbls.	826	_			<b>L</b> O			961	
1136		020	)					_		
GAS WELL	Length of Tes			<del></del>	Bbls. Conde	nsate/MMCF		Gravity of C	Condensate	
Actual Prod. Test - MCF/D	Length of Tes	st.			20.5. 0020					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	CATEOFO	CONT	<b>ΣΤΔ</b>	NCF	<u> </u>				DN 401	
VL OPERATOR CERTIFIC	UATE OF C	il Conser	vation	IICL		OIL CO	NSERV	AHON	DIVISIO	NC
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							MAD 1	MAR 1 0 1989		
is true and complete to the best of my	y knowledge and	belief.			Dat	e Approv	ed	LINU T	0 1203	
92 .1. X	•					• •		1 6:	Rv	
Mahire Am	ysan_				By.		Origina	l Signed William	<u> </u>	
/ Signature.		- C	nam	i con	11		MIKE	A A A A S I HOLD FOR	-	

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

(505) 397-5800

Printed Name

2-7-89 Date

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

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

Telephone No.

- 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.

FEB 08 '89

WELL. Lehman Federal #1		O. C. D.  ARTESIA, OFFICE
WELL Lehman Federal #1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
LOCATION Sec. 18-19S-25E Education,	dy County, NM Township, And Range)	
OPERATOR Conoco, Inc. P. O.		
DRILLING CONTRACTOR Exeter Dr	illing Company	
The undersigned hereby of the drilling contractor w has conducted deviation test	certifies that he is an a ho drilled the above-desc s and obtained the follow	authorized representative cribed well and that he wing results:
Degrees @ Depth	Degrees @ Depth	Degrees @ Depth
1/4° 193'	1 1/2° 4,076'	3/4° 6,857'
1/2° 429'	1° 4,200'	1/2° 7,104'
1/2° 533'	1° 4,322'	1/2° 7,353'
1° 790'	1° 4,416'	
1° 1,205'	3/4° 4,543'	3/4° 7,854'
1/4° 1,454'	3/4° 4,666'	1° 8,100'
1/2° 1,705'	3/4° 4,820'	
1/2° 1,957'	3/4° 4,882'	
1/2° 2,204'		
3/4° 2,455'		
3/4° 2,707'	3/4° 5,423'	
3/4° 2,955'	3/4° 5,734'	
3/4° 3,204'	3/4° 5,888'	
1° 3,453'	3/4° 6,108'	
3/4° 3,703'	3/4° 6,355'	
1 3/4° 3,949'	1° 6,604'	
1 3/4 337.5	Drilling Contractor	Exeter Drilling Company
	By B A 1/2	alle o
	Bruce D. Houtchens,	<b>.</b>
Subscribed and sworn to be	fore me this 28th day	ot December , 19 88
	Sherrix B	nannon
	Notary Public Sherri	
My Commision Expires: 3-	10-90 Midla	and County Texas