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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88000

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

RECEIVED

AUG 04 '89

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
at Bottom of Page

Santa Fe		
File		
Transporter	Oil	
Operator	Gas	

O. C. D REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. ARTES A. OFFICE TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc.	Well API No. 30-015-26106
Address P. O. Box 460, Hobbs, New Mexico 88240	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Barbara Federal	Well No. 8	Pool Name, Including Formation Dagger Draw Upper Penn., No.	Kind of Lease State, Federal or Fee	Lease No. NM-1372
Location Unit Letter P : 710 Feet From The South Line and 990 Feet From The East Line Section 18 Township 19S Range 25E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2587, Hobbs, New Mexico 88240					
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) P. O. Box 460, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 19	Twp. 19S	Rge. 25E	Is gas actually connected? Yes	When? 6-16-89

If this production is commingling with that from any other lease or pool, give commingling order number: CTB-338

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5-13-89	Date Compl. Ready to Prod. 6-16-89		Total Depth 8104'		P.B.T.D. 8047'			
Elevations (DF, RKB, RT, GR, etc.) 3585' Gr.	Name of Producing Formation Dagger Draw Upper Penn		Top Oil/Gas Pay 7881'		Tubing Depth 7776'			
Perforations 7881' - 7958'					Depth Casing Shoe 8100'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 9-5/8"		DEPTH SET 1200'		SACKS CEMENT 800 Sx. Part 10-2			
8-3/4"	7"		8100'		820 Sx. 9-8-89			
	2-7/8"		7776'		comp + BIR			

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 6-16-89	Date of Test 7-6-89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 1206	Oil - Bbls. 410	Water - Bbls. 796	Gas - MCF 627

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Signature
W. W. Baker, Administrative Supervisor
Printed Name
8-2-89 (505) 397-5800
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 31 1989

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.