

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

AUG 29 1991

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

O. C. D.
ARTESIA OFFICE
AMENDED 8-27-91

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.
Operator

Well API No.

Address

Reason(s) for Filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Operator ☐

Change in Transporter of:

Oil ☐

Dry Gas ☐

Casinghead Gas ☐

Condensate ☐

Other (Please explain)

TO ADD ADDITIONAL PERFE

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name JUNNY CANYON	Well No. 1	Pool Name, Including Formation N. DAGGER DRAW UPPER PENN	Kind of Lease State, Federal or <input checked="" type="checkbox"/> Fee	Lease No. N/A
Location Unit Letter <u>3</u> : <u>1750</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>17</u> Township <u>19 N</u> Range <u>25 E</u> , NMPM, <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil CONOCO INC. SURFACE TRANSP.	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2587, HOBBS, N.M. 88240				
Name of Authorized Transporter of Casinghead Gas CONOCO INC.	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 10 LESTA DRIVE STE 100W, MIDLAND, TX 79				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 19	Twp. 19S	Rge. 25E	Is gas actually connected? YES	When? 12-22-90

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-17-90	Date Compl. Ready to Prod. 12-24-90		Total Depth 8100		P.B.T.D. 8035			
Elevations (DF, RKB, RT, GR, etc.) 8542.5 GR	Name of Producing Formation CISCO CANYON		Top Oil/Gas Pay 7586 7669		Tubing Depth 7591			
Perforations 7669-7782, 7788-7831, 7842-7851, 7860-7869, 7890-7899					Depth Casing Shoe 8099			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 14 3/4	CASING & TUBING SIZE 9 5/8		DEPTH SET 1135		SACKS CEMENT 800			
14 3/4	7		8099		1375			
2 7/8		7591						

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 12-24-90	Date of Test 12-26-90	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HR	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 850	Oil - Bbls. 150	Water - Bbls. 700	Gas - MCF 808

GAS WELL

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

Bill R. Keathly, Jr. STAFF ANALYST

Printed Name

Title

Date 8-27-91

915-686-5424

Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 30 1991

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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.