

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

RECEIVED

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

DEC 4 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc.		Well API No. 30-015-26489
Address 10 Desta Drive West, Midland, TX 79705		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) 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 Dagger Draw Com.	Well No. 9	Pool Name, including Formation North Dagger Draw	Kind of Lease State, Federal or Fee	Lease No. NM0559175
Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line Section 30 Township 19S Range 25E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Conoco Inc. Surface Transportation	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2587 NM 88240
Name of Authorized Transporter of Casinghead Gas Conoco Inc.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 10 Desta Drive West, Midland, TX 79705
If well produces oil or liquids, give location of tanks.	Unit L Sec. 19 Twp. 19S Rge. 25E	Is gas actually connected? Yes When? 11/29/90

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-332

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-18-90	Date Compl. Ready to Prod. 11-29-90	Total Depth 8110	P.B.T.D. 8108					
Elevations (DF, RKB, RT, GR, etc.) KB:3602, DF:3601, GL:3587	Name of Producing Formation North Dagger Draw	Top Oil/Gas Pay 7700	Tubing Depth 7841					
Perforations 7700' - 7843'	TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe 8108					
HOLE SIZE 14-3/4"	CASING & TUBING SIZE 9-5/8"	DEPTH SET 1200'	SACKS CEMENT 2000 Part ID-2					
8-3/4"	7"	8100'	2700 1-4-91					
	275	7841	comp 4 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 11-19-90	Date of Test 11-29-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 500#	Casing Pressure 0	Choke Size
Actual Prod. During Test 1140	Oil - Bbls. 500	Water - Bbls. 640	Gas - MCF 800

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 Nannette Nelson
Printed Name Nannette Nelson Title Oil Prod. Analyst
Date 11-20-90 Telephone No. (915) 686-6553

OIL CONSERVATION DIVISION

Date Approved DEC 28 1990

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.