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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

APR 30 1991

O. C. D.
ARTESIA, OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc. ✓		Well API No. 30-015-26635
Address 10 Desta Drive, Suite 100W, Midland, Texas 79705-4500		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <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 Lodewick "A" Sec Com	Well No. 2	Pool Name, Including Formation N. Dagger Draw-Upper Penn	Kind of Lease State, Federal or Fee	Lease No. N/A
Location Unit Letter E : 1650 Feet From The North Line and 660 Feet From The West Line Section 19 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 Transp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2587, Hobbs, NM 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) 10 Desta Drive, Ste 100W, Midland, TX 79705	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 19
	Twp. 19S	Rge. 25E
	Is gas actually connected? Yes	When? 04/03/91

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 02/27/91	Date Compl. Ready to Prod. 04/13/91		Total Depth 7875'		P.B.T.D. N/A			
Elevations (DF, RKB, RT, GR, etc.) 3585' GR	Name of Producing Formation Cisco Canyon		Top Oil/Gas Pay -7540-7464		Tubing Depth 7471			
Perforations Open perfs 7464-7875					Depth Casing Shoe 7664'			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	9-5/8"	1221'	2700 sxs
8-3/4"	7"	7664'	1350 sxs
Post ID-2 6-21-91 comp & BK			

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 04/03/91	Date of Test 04/09/91	Producing Method (Flow, pump, gas lift, etc.) Pumping (ESP)	
Length of Test 24 hrs.	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 94	Oil - Bbls. 83	Water - Bbls. 11	Gas- MCF 379

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 Oil Production Analyst
Date 04/15/91 Telephone No. (915) 686-6553

OIL CONSERVATION DIVISION

Date Approved JUN 14 1991
By ORIGINAL SIGNED BY
MIKE WILSON
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.