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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

RECEIVED

APR 30 1991

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

U. C. D.
ARTESIA, OFFICE

I. Operator <u>Conoco Inc.</u>		Well API No. 30-015-26662
Address <u>10 Desta Drive, Suite 100W, Midland, Texas 79705</u>		
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 Operator <input type="checkbox"/>		
Change in Transporter of: 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 <u>Dagger Draw Com</u>	Well No. 10	Pool Name, including Formation N. Dagger Draw Upper Penn	Kind of Lease State, Federal or Free	Lease No. N/A
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>19</u> Township <u>19S</u> Range <u>25E</u> , <u>NMPM</u> , <u>Eddy</u> 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"/> <u>Conoco Inc. Surface Transp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2587, Hobbs, NM 88240</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>10 Desta Drive, Suite 100W, Midland, TX 79705</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>19</u>	Twp. <u>19S</u>	Rge. <u>25E</u>	Is gas actually connected? Yes	When? <u>04/25/91</u>

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 <u>03/19/91</u>	Date Compl. Ready to Prod. <u>04/25/91</u>	Total Depth <u>8100'</u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>3568' GR</u>	Name of Producing Formation <u>Cisco Canyon</u>	Top Oil/Gas Pay <u>7545'</u>	Tubing Depth <u>7900'</u>					
Perforations <u>7545-7853' 4 JSPF 90° phasing 4" EHD</u>			Depth Casing Shoe <u>8096'</u>					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>14-3/4"</u>	<u>9-5/8"</u>	<u>1231'</u>	<u>2300 SXS</u>					
<u>8-3/4"</u>	<u>7"</u>	<u>8096'</u>	<u>1350 SXS</u>					

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 <u>04/25/91</u>	Date of Test <u>04/26/91</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>150#</u>	Casing Pressure <u>---</u>	Choke Size <u>Open</u>
Actual Prod. During Test <u>453</u>	Oil - Bbls. <u>365</u>	Water - Bbls. <u>88</u>	Gas - MCF <u>1165</u>

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.

Nannette Nelson
Signature
Nannette Nelson
Printed Name
Analyst
Title
(915) 686-6553
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 10 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.