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

State of New Mexico Energy, Minerals and Natural Resources Department

REC

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUL 1 7 1991

Form C-104 Revised 1-1-89 EIVED See Instructions at Bottom of Page	(·,\)
m. 40.0 a	1

I.		UEST I	FOR A	ALLOW/	ABLE AND	AUTHO	RIZA	OIT	O. (ARTESIA	C. D. . OFFICE		
Operator CAA CAA CAA) /				- AND IV	TIUMAL	. GAS		II API No.			
Conoco de Address	hc.			· · · · · · · · · · · · · · · · · · ·				<u> </u>	30-01.	5-266	7/	
10 Desta L	Drive St.	e 100	W	midle	ind 2x	7071	_					
Reason(s) for Filing (Check property New Well	er box)	<u> </u>		maca		ther (Please) explain)					
Recompletion	Oil	Carried !	IN THEOR	puner or:			• ,					
Change in Operator		ud Gas [∑	Dry (Gas 🔲 enmie 🗍								
f change of operator give name and address of previous operator		<u> </u>	COLO	CHIERCE .						· · · · · · · · · · · · · · · · · · ·		
•												
IL DESCRIPTION OF W	VELL AND LE											
De State		Well No.	7001	Name, Inclu Dagger	ding Formation	. /)	!	of Lease Federal or Fe		ease No.	
Location			177.	<i>Dugger</i>	Draw C	LADIN F.	enn		, reucial or re	* K	<u>- 6385</u>	
Unit Letter	:	90	_ Feet F	rom The	South Lin	e and	990	-		Eas	_	
Section 36 T		a -				# and	7 70	<u> </u>	eet From The	600	CLin	
36400 36 1	ownship /	95	Range	24	1E, N	MPM,		<u> </u>	ldy		County	
II. DESIGNATION OF T	TRANSPORTE	R OF O	IL AN	D NATI	RAL GAS				U			
Same of Authorized Transporter of Amoco Pupeline	1 Oil 1	or Conden	sale		Address (Gi	e adaress 10	which a	pproved	copy of this f	orm is to be se	ent)	
iame of Authorized Transporter of	Catinghead Gas	1			P.O. Bo	x 7020	168	Jus	ba OK	71470		
moco Pipeline	Cangical Oz.	$\overleftarrow{\mathbf{x}}$	or Dry	Cias	ACCUPANT (CIN	e address 10 <u>V</u> 7020	which a	proved	copy of this fe	vm is to be se	int)	
well produces oil or liquids, we location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuali			When	oa OK	71470	-	
		1	L	1	i i		i	***************************************			/	
this production is commingled with COMPLETION DATA	th that from any other	r lease or p	pool, giv	e commingi	ing order numb	er:						
		Oil Well		ias Well	N 11/11							
Designate Type of Comple	etion - (X)		1	NET WEIL	New Well	Workover] De	epen	Piug Back	Same Res'v	Diff Res v	
ke Spudded	Date Compl	Ready to	Prod.	-	Total Depth				P.B.T.D.		<u></u>	
vations (DF, RKB, RT, CR, etc.)	Name of De-	Newsca										
·	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
forations					·				Depth Casing	Shoe	<u> </u>	
										J.C.		
HOLE SIZE	TU	BING, C	CASIN	IG AND	CEMENTIN	G RECO	ND					
	UASI	NG & TUE	SING SI	ZE		DEPTH SET			s/	ACKS CEME	NT	
												
						 						
TEST DATA AND REQ	HECT FOR AL	LOWA	D. T.									
L WELL (Test must be a	THE RECOVERY OF LOLD	LUWAI	BLE BLE	l and b				_				
e First New Oil Run To Tank	fter recovery of total	1012/2 09	1000	and must b	Producing Meu	sceed top alle and (Flow, m	owable f	or this	depth or be for	full 24 hours.)	
gth of Test						(· <i>, p</i> -		· y · , ·	,			
Ban or 1 ser	Tubing Pressu	Tubing Pressure				Casing Pressure				Choke Size		
ual Prod. During Test	Oil - Bbls.	Oil - Dhie							C NGT			
	Oil - Bois.	Oii - Bois.			Water - Bbis.				Gas- MCF			
S WELL	- '						·					
ual Prod. Test - MCF/D	Length of Tes	ı			Bbls. Condensu	e/MMCF			Carrier of C			
				[WILL COLUMN	BRINCI		1	Gravity of Con	densate		
ng Method (pitot, back pr.)	Tubing Pressu	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
OPER 1												
OPERATOR CERTIF	ICATE OF C	OMPL)	IANC	E		LOOM	000					
hereby certify that the rules and re livinion have been complied with a	and that the informer	ion aives .	ion		Ol	L CON	SEH	IVA	TION DI	VISION	1	
true and complete to the best of t	my knowledge and b	elief.	BOOVE		D			.1111	1719	91.		
1,						pproved				 -		
Motine J. ne	H				Du •	m'/	. 1.	·/.	Kam	•		
Mristine L. Netf	ada	nin /	Parint	aut	Ву	INPL	4	u	ram	2_		
rinted Name	· · ·	nin . (1 5) 686	ile		Title	elipen:	100-					
1-9-91	(91.			4	110e	DUPERV	ISOR.	DIS	TRICT II			
		Telephor	ne No.	- 11								

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.