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

DISTRICT II
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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

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

RECEIVED

AUG 04 1991

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

**O. C. D.
ARTESIA, OFFICE**

I.

Operator Conoco Inc.	Well API No. 30-015-26671
Address 10 Desta Drive W. 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 DEF STATE	Well No. 5	Pool Name, Including Formation N. DAGGER DRAW UPPER PENN	Kind of Lease State Federal or Fee	Lease No. K 6385
Location Unit Letter P : 990 Feet From The SOUTH Line and 990 Feet From The EAST Line Section 36 Township 19 S Range 24 E , 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, N.M. 88240					
Name of Authorized Transporter of Casinghead Gas <input 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 DR. STE 100W. MIDLAND TX. 79705					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 36	Twp. 19 S	Rge. 24 E	Is gas actually connected? YES	When? 7-22-91

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 type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-8-91	Date Compl. Ready to Prod. 7-13-91		Total Depth 8102		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation CISCO CANYON		Top Oil/Gas Pay 7734		Tubing Depth 7540			
Perforations 7734 - 7856					Depth Casing Shoe 8053			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4	9 5/8		1205		2550			
8 3/4	7		8053		1575			

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 7-13-91	Date of Test 7-22-91	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure 250	Casing Pressure	Choke Size
Actual Prod. During Test 6184	Oil - Bbls. 652	Water - Bbls. 410	Gas- MCF 1047

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, SR. STAFF ANALYST

Printed Name Title

7-30-91 915-686-5424

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 30 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title

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.