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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

JUN 06 1991

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Conoco INC</u>		Well API No. <u>30-015-26672</u>
Address <u>10 Deste Drive, Ste 100 W, Midland, Tx 79705-4500</u>		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input 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"/> Other (Please explain) <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Conoco Com</u>	Well No. <u>1</u>	Pool Name, including Formation <u>N. Dagger Draw - Upper Penn</u>	Kind of Lease State, Federal or Fee <input checked="" type="radio"/>	Lease No.
Location Unit Letter <u>A</u> : <u>710</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>18</u> Township <u>19S</u> Range <u>25E</u> , NMPM, <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 Transportation</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 Deste Dr. West, Midland Tx 79705</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>19</u>	Twp. <u>19S</u>	Rge. <u>25E</u>
				Is gas actually connected? <u>Yes</u>
				When? <u>5-17-91</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>4-10-91</u>	Date Compl. Ready to Prod. <u>5-10-91</u>	Total Depth <u>8100</u>	P.B.T.D. <u>8047</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3553 GR</u>	Name of Producing Formation <u>Cisco Canyon</u>	Top Oil/Gas Pay <u>7728</u>	Tubing Depth <u>7999</u>					
Perforations <u>7728 - 7804</u>			Depth Casing Shoe <u>8078</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>1225</u>		<u>2500</u>				
<u>8 3/4</u>	<u>7</u>	<u>8078</u>		<u>1705</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>5-18-91</u>	Date of Test <u>5-24-91</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping - ESP</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>2756</u>	Oil - Bbls. <u>483</u>	Water - Bbls. <u>115</u>	Gas- MCF <u>364</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.

Signature Bill R. Keathly
Printed Name Bill R. Keathly Title Supervisor
Date 5-28-91 Telephone No. 915-686-5424

OIL CONSERVATION DIVISION

JUN 14 1991

Date Approved _____

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.