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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

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

AUG 24 1992

O. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.	
Operator Conoco Inc. ✓	Well API No. 30-015-27012
Address 10 Desta Drive Ste 100W, Midland, TX 79705	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/> XX	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 DAGGER DRAW	Well No. 12	Pool Name, Including Formation N.DAGGER DRAW UPPER PENN	Kind of Lease State, Federal or Fee	Lease No. NM 0559175
Location Unit Letter G : 2310 Feet From The NORTH Line and 1800 Feet From The EAST Line Section 30 Township 19 S Range 25 E , NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> XX or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 702068, TULSA, OK. 71470
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> XX or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK, ODESSA, TX. 79760
If well produces oil or liquids, give location of tanks.	Unit L Sec 19 Twp 19S Rge. 25E Is gas actually connected? YES When? 8-18-92

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-30-92	Date Compl. Ready to Prod. 8-14-92	Total Depth 8100	P.B.T.D. 8054					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation CISCO CANYON	Top Oil/Gas Pay 7645	Tubing Depth 7850					
Perforations 7645 - 7753	Depth Casing Shoe 8098							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4	9 5/8	1120	1100
8 3/4	7	8100	1500
			Post ID-2 10-16-92 comp & BR

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 8-18-92	Date of Test 8-20-92	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 2141	Oil - Bbls. 839	Water - Bbls. 799	Gas- MCF 1260

GAS WELL

Actual Prod. Test - MCF/D 1502	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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. REGULATORY SPEC.

Printed Name
8-21-92
Date
Title
915-686-5424
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 9 1992

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.