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

State of New Mexico Energy, Minerais and Natural Resources Department

KECHIVED

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

OIL CONSERVATION DIVISION P.O. Box 2088

AUG 1 7 1993

DISTRICT III

Santa Fe, New Mexico 87504-2088

C. C. D.

I.	7410 REQ	UEST FO	OR ALL	OWA	BLE AND	AUTHO	RIZA ⁻ GAS	TION	Waller Ca	HANK Y		
Operator Conoco Inc.					Well API No. 30-015-27012							
Address 10 Desta Drive	Ste 100W	Midlar	nd TV	79	705							
Reason(s) for Filing (Check proper						h /81	1-1-1					
New Well	· ····,	Change in 1	-	r of:	TO	ther (Please ex CHANGE	LEAS	e n <u>a</u>	ME FROM	_DAGGER	DRAW	
Recompletion	Oil Casinghes	_	Dry Gas		COM EFF	1 NO 12 ECTIVE	& 17 AUGU:	, Т ЗТ 1	O DAGGE , 1993	R DRAW	30N COM	
If change of operator give same			Condense									
TI DESCRIPTION OF THE										<u> </u>		
IL DESCRIPTION OF WE			Pool Nam	a lactur	ing Formation			Vind	of Lease			
DAGGER DRAW 30N COM					W UPPER			1	Federal or F	NM	0559175	
Location G	2310)		N	ORTH			•				
Unit Letter30	:	h	est From	The _	Lir		800	F	est From The	EAST	Lin	
Section Tox	nahip 19	S p	1000	25	E , N	IMPM, E	DDY				County	
III. DESIGNATION OF TR	LANSPORTE	R OF OIL	AND I	NATT	RAL GAS							
Name of Authorized Transporter of Oil XX or Condensets AMOCO PIPELINE]	Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of C	heinghead Gas	phead Gas AA or Dry Gas				P.O. BOX 702068, TULSA, OK. 71470 Address (Give address to which approved copy of this form is to be see 4001 PENBROOK, ODESSA, TX. 79760						
PHILLIPS 66 NATURAL	GAS CO.				4001 F	PENBROOK	, ODI	SSA	, IX. 7	9760 be	HOM)	
If well produces oil or liquids, give location of tanks.	Unit		195 2	Rge. 25 E	Is gas actual! YES	y connected?	Ţ.	When	A			
this production is commingled with	that from any other				ing order num	N-9	522-1			_		
V. COMPLETION DATA			,			·						
Designate Type of Complete	ion - (X)	Oil Well	Gas 1	Well	New Well	Workover	Des	ipea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi	. Reedy to Pr	od.		Total Depth	L			P.B.T.D.	T		
Sevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	etion		Top Oil/Gas I	Pav						
erforations									Tubing Depth			
									Depth Casis	g Shoe		
	π	TUBING, CASING AND				NG RECOR	D					
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET				SACKS CEM	ENT	
									7-22-97			
										the be name.		
. TEST DATA AND REQU	EST FOR AL	LOWARI	Æ							0		
IL WELL (Test must be after	er recovery of some			d must l	e equal to or o	exceed top allo	mable fi	or this	depth or be f	or full 24 hou	F3.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)							
ength of Test	Tubing Pressure				Casing Pressure				Choke Size			
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.				Gas- MCF		
A C TIPL Y												
CRIMI Prod. Test - MCF/D	Length of Tes	<u> </u>		J.	Ible Conde				American F. C.			
					Bbls. Condensus/MMCF				Gravity of Condensate			
tting Method (pitet, back pr.)	Tubing Pressu	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			 	Choke Size			
L OPERATOR CERTIFI	CATEOFO	'OMDI I	NCE			 			*	·		
I hereby certify that the rules and reg	ulations of the Oil	Conservation	1		0	IL CON	SER	VA [*]	TION [DIVISIO	N	
Division have been comptied with and that the information given above is true and complete to the best of my knowledge and belief.												
<i>a</i> - 1.	_				Date A	Approved	_A	<u> </u>	9 1993			
Signature	illy			_	Ву			O. 1. C	n pv			
BILL R. KEATHL	Y SR. REG	SR. REGULATORY SPEC.				MIKE WILLIAMS						
Printed Name 8-12-93	915-	Title -686-542			Title_				STRICT	11		
Date		Telephone		-								

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.