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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Conoco Inc.	Well API No. 30-015-27165
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 type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" 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 JENNY COM	Well No. 2	Pool Name, Including Formation NO. DAGGER DRAW UPPER PENN	Kind of Lease State, Federal or Fee	Lease No. NM 1372
Location				
Unit Letter C	: 660	Feet From The NORTH	Line and 1980	Feet From The WEST
Section 17	Township 19 S	Range 28 E	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"/>	Address (Give address to which approved copy of this form is to be sent)					
AMOCO PIPELINE	P.O. BOX 702068, TULSA, OK. 71470					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
PHILLIPS 66 NATURAL GAS CO.	4001 PENBROOK, ODESSA, TX. 79760					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 19	Twp. 19S	Rge. 25E	Is gas actually connected? YES	When? 12-21-92

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 10-25-92	Date Compl. Ready to Prod. 11-15-92		Total Depth 8115		P.B.T.D. 8008			
Elevations (DF, RKB, RT, GR, etc.) KB 3584.9	Name of Producing Formation CISCO CANYON		Top Oil/Gas Pay 7765		Tubing Depth 7701			
Perforations 7765 - 7840 CISCO CANYON					Depth Casing Shoe 8106			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 1/2	9 5/8		1071		1100 SX			
8 3/4	7		8106		1475 SX			
			2 7/8		7701			

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 12-13-92	Date of Test 12-21-92	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 394	Oil - Bbls. 162	Water - Bbls. 903	Gas- MCF 570

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. REGULATORY SPEC.
Printed Name
12-23-92
Date
915-686-5424
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 29 1992
ORIGINAL SIGNED BY
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.