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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

JAN 11 1993

O. C. D.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Canoco Inc. Well API No. 30-015-27179

Address 10 Festa Drive Ste 100W. Midland. TX 79705

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>DAGGER DRAW</u>	Well No. <u>13</u>	Pool Name, Including Formation <u>N. DAGGER DRAW UPPER PENN</u>	Kind of Lease State, Federal or Fee	Lease No. <u>NM 0559175</u>
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>30</u> Township <u>18 S</u> Range <u>25 E</u> , <u>NMPM</u> , <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>AMOCO PIPELINE</u>	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 702068, TULSA, OK. 71470</u>
Name of Authorized Transporter of Casinghead Gas <u>PHILLIPS 66 NATURAL GAS CO.</u>	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>4001 PENBROOK, ODESSA, TX 79760</u>
If well produces oil or liquids, give location of tanks.	Unit <u>L</u> Sec <u>19</u> Twp <u>19S</u> Rge <u>25E</u>	Is gas actually connected? <u>YES</u> When <u>1-6-93</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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>11-17-92</u>	Date Compl. Ready to Prod. <u>12-7-92</u>	Total Depth <u>8100</u>	P.B.T.D. <u>7991</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>GL 3553.7</u>	Name of Producing Formation <u>OTISCO CANYON</u>	Top Oil/Gas Pay <u>7684</u>	Tubing Depth <u>7932</u>					
Perforations <u>7684 - 7803 OTISCO CANYON</u>	Depth Casing Shoe <u>8090</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>1090</u>	<u>1100 SX</u>
<u>8 3/4</u>	<u>7</u>	<u>8100</u>	<u>1350 SX</u>
	<u>2 7/8</u>	<u>7932</u>	<u>Post ID-2</u> <u>2-12-93</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>1-3-93</u>	Date of Test <u>1-7-93</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMPING</u>	
Length of Test <u>24</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>459</u>	Oil - Bbls. <u>297</u>	Water - Bbls. <u>568</u>	Gas- MCF <u>581</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 E. KEATHLY SR. REGULATORY SPEC.

Printed Name BILL E. KEATHLY Title 915-686-5424

Date 1-7-93 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 29 1993

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.