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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

RECEIVED

SEP 10 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc. ✓	Well API No. 30-015-27186
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"/>	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 PRESTON FEDERAL	Well No. 5	Pool Name, Including Formation SO DAGGER DRAW UPPER PENN	Kind of Lease State, Federal or Fee	Lease No. NM 45276
Location				
Unit Letter 0	: 840	Feet From The SOUTH	Line and 1980	Feet From The EAST
Section 34	Township 20 S	Range 24 E	NMPM, EDDY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil AMOCO PIPELINE ICT <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 502 NW AVENUE, LEVELAND, TX 79336-3914	
Name of Authorized Transporter of Casinghead Gas GPM GAS CORP <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 PEMBROOK, ODESSA, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 34	Twps. 20S
			Rge. 24E
			Is gas actually connected? YES
			When? 8-16-93

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 5-11-93	Date Compl. Ready to Prod. 8-13-93	Total Depth 9650		P.B.T.D. 9075					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation CISCO CANYON	Top Oil/Gas Pay 7714		Tubing Depth 7659					
Perforations 7714 - 7747 & 7763 - 7781					Depth Casing Shoe 7623				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE 14 3/4	CASING & TUBING SIZE 9 5/8	DEPTH SET 1082		SACKS CEMENT 1100 SX					
8 3/4	7	9650		705 SX					
2 7/8 TBG		7659							

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 8-23-93	Date of Test 9-6-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING (ESP)	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 1966	Oil - Bbls. 482	Water - Bbls. 1019	Gas- MCF 420

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  
9-7-93  
Date  
915-686-5424  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 22 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.