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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Conoco Inc.	Well API No. 30-015-27221
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 DEE STATE	Well No. 4	Pool Name, including Formation N. DAGGER DRAW UPPER PENN	Kind of Lease State, Federal or Fee	Lease No. LG 1525
Location Unit Letter K : 1980 Feet From The SOUTH Line and 1800 Feet From The WEST Line Section 36 Township 19 S Range 24 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. BX 702068, TULSA, OKLA. 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 J Sec. 36 Twp. 19S Rge. 24E Is gas actually connected? YES When? 4-30-93

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2-12-93	Date Compl. Ready to Prod. 4-25-93	Total Depth 8100	P.B.T.D. 8052					
Elevations (DF, RKB, RT, C/R, etc.) GR 3612	Name of Producing Formation CISCO CANYON	Top Oil/Gas Pay 7678	Tubing Depth 7903					
Perforations 7678 - 7831	Depth Casing Shoe 8098							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
14 3/4	9 5/8	1124	1100 SX					
8 3/4	7	8110	1250 SX					
	2 7/8 TBG	7903						

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 4-30-93	Date of Test 5-2-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 301	Oil - Bbls. 177	Water - Bbls. 171	Gas- MCF 395

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
5-4-93 Title
915-686-5424

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 14 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.