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

DISTRICT II
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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

RECEIVED

AUG 17 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

Operator Conoco Inc. ✓	Well API No. 30-015-27342
Address 10 Desta Drive Ste 100W, Midland, TX 79705	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> TO CHANGE LEASE NAME FROM BARBARA
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> FEDERAL NO 16 TO BARBARA 18NW FEDERAL
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> EFFECTIVE AUGUST 1, 1993
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name BARBARA 18NW FEDERAL	Well No. 16	Pool Name, Including Formation DAGGER DRAW UPPER PENNM	Kind of Lease State, Federal or Fee	Lease No. NM 1372
Location				
Unit Letter F	1980	Feet From The NORTH	Line and 1530	Feet From The WEST
Section 18	Township 19 S	Range 25 E	NMPM, EDDY County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil AMOCO PIPELINE <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 702068, TULSA, OK 74470			
Name of Authorized Transporter of Casinghead Gas PHILLIPS 66 NATURAL GAS CO. <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 PENBROOK, ODESSA, TX 79760			
If well produces oil or liquids, give location of tanks.	Unit 19	Sec. 19S	Twp. 25E	Rge. NO	Is gas actually connected? When?
If this production is commingled with that from any other lease or pool, give commingling order number: CTB-338					

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
						Post ID-3		
						8-27-93		
						kg well name		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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
Printed Name BILL R. KEATHLY SR. REGULATORY SPEC.
Date 8-12-93 Telephone No. 915-686-5424

OIL CONSERVATION DIVISION

Date Approved AUG 19 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. Separate Form C-104 must be filed for each pool in multiply completed wells.