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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

RECEIVED

SEP 24 1993

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

CLST
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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc.	Well API No. 30-015-27489
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 35N FEDERAL	Well No. 8	Pool Name, Including Formation S DAGGER DRAW UPPER PENN	Kind of Lease State, Federal or Fee	Lease No. NM 045276
Location				
Unit Letter H	: 1650	Feet From The NORTH	Line and 660	Feet From The EAST
Section 35	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	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 502 NW AVENUE, LEBELAND, TX 79336-3914				
Name of Authorized Transporter of Casinghead Gas GPM GAS CORP	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	Twp. 20S	Rge. 24E	Is gas actually connected? YES	When? 9-17-93

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 8-6-93	Date Compl. Ready to Prod. 9-16-93	Total Depth 8100		P.B.T.D. 8050					
Elevations (DF, RKB, RT, GR, etc.) GL 3645.1	Name of Producing Formation CISCO CANYON	Top Oil/Gas Pay 7700		Tubing Depth 7647					
Perforations 7700 - 7775					Depth Casing Shoe 8100				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
14 3/4	9 5/8		1066		1100 SX Post ID-2				
8 3/4	7		8100		1220 SX 10-22-93				
	2 7/8 TBG		7647		casing & BIK				

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 9-16-93	Date of Test 9-20-93	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HR	Tubing Pressure 360	Casing Pressure	Choke Size 64/64
Actual Prod. During Test 1514	Oil - Bbls. 484	Water - Bbls. 336	Gas- MCF 600

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
9-21-93
Date
915-686-5424
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 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.