P.O. Drawer DD, Assess, NM \$\$210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 ISTRICT III REQUEST FOR ALLOWABLE AND AUTHORIZATION I. REQUEST FOR ALLOWABLE AND AUTHORIZATION I. REQUEST FOR ALLOWABLE AND NATURAL GAS Operator Conoco Inc. Vell API No. 30-015-27489 Address 10 Desta Drive Ste 100W, Midland, TX 79705 Reason(s) for Filing (Check proper box) New Well Change is Transporter of:	
Recompletion Oil Xii Dry Gas EFFECTIVE DECEMBER 8, 1993 Change is Operator Casinghead Gas Condensate	
If change of operator give name and address of previous operator	
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease	
PRESTON 35N FEDERAL 8 DAGGER DRAW UP PENN SO. State, Formal or Fee NM	Lease No. 45276
Location	
	Line
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 XX or Condensate Address (Give address to which approved copy of this form is to be 502 NW AVENUE, LEVELAND, TX 79336-39	•
Name of Authorized Transporter of Casinghead Gas AA or Dry Gas Address (Give address to which approved copy of this form is to be	
GPM GAS CORP 4001 PEMBROOK, ODESSA, TX 79762 If well produces oil or liquids, Unit Sec. Twp. Rgs. Is gas actually connected? When ?	
pive location of tanks. L 35 20S 24E YES	
If this production is commingled with that from any other lease or pool, give commingling order sumber: IV. COMPLETION DATA	
Designate Type of Completion - (X)	Diff Res'v
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	
Elevations (DF, RKB, R, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Deeth	
Elevations (DF, RKB, R., 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 CEI	AENT
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 ho Date First New Oil Rua To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)	MP3.)
Length of Test. Tubing Pressure Casing Pressure Choke Size	
Actual Prod. During Test Oil - Bbls. Water - Ebis. Gas-MCF	
GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate	<u> </u>
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-is) Choke Size	
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulatices of the Oil Conservation	DN
Divisions have been complete with and that the information gives above is true and complete to the best of my knowledge and belief.	
is true and complete to the best of my knowledge and belief. Date Approved BILL R. KEATHLY SR. REGULATORY SPEC. Date Approved By	

ions: Th s form is to be fil e with Rule 1104 dın c

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.
 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.