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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

NOV - 8 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc. ✓	Well API No. 30-015-27626
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. 9	Pool Name, Including Formation S. DAGGER DRAW PENN <i>Amoco</i>	Kind of Lease State, Federal or Fee XXXX	Lease No. NM 045276
Location				
Unit Letter B	: 660	Feet From The NORTH	Line and 1980	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 <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	Twp. 20S	Rgn. 24E	Is gas actually connected? YES	When? 10-26-93

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 9-2-93	Date Compl. Ready to Prod. 10-25-93	Total Depth 8100		P.B.T.D. 8054				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation CISCO CANYON		Top Oil/Gas Pay 7660		Tubing Depth 7825			
Perforations 7660 - 7752					Depth Casing Shoe 8100			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 14 3/4	CASING & TUBING SIZE 9 5/8		DEPTH SET 1013		SACKS CEMENT 1420 SX			
8 3/4	7		8100		1235 SX			
	2 7/8" TBG		7825					

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 10-26-93	Date of Test 11-1-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 1289	Oil - Bbls. 239	Water - Bbls. 477	Gas - MCF 645

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.

Bill R. Keathly
Signature
BILL R. KEATHLY SR. REGULATORY SPEC.
Printed Name
11-2-93
Date
915-686-5424
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 21 1993

By

Title SUPERVISOR, DISTRICT I

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.