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Submit 5 Copies Appropriate District Office DISTRICT 1	State of New Mexico Energy, Minerals and Natural Resources Dep					nent	ELEIVED	Form C-104	
P.O. Box 1980, Hobbs, NM 88240	0	IL CC) NSERV	ATTON DIVISION				See Instructions at Bottom of Page	
DISTRICT II P.O. Drawer DD, Astenia, NM 88210	-		P.O. E	Sox 2088			<u>c13</u> 1993		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	BEOUE								
I. TO TRANSPORT OIL AND NATURAL GAS									
Operator CONOCO INC		123		Weli			API No.		
Address 10 Desta Drive Ste 100W, Midland, TX 79705									
Resson(s) for Filing (Check proper box)				Ōu	er (Please expl	ais)			
New Well AL	Ci Oil	- <u>-</u>	anaporter of: ry Gas						
Change in Operator	Casinghead G	as 🗌 C						i 	
and address of previous operator						<u> </u>			
IL DESCRIPTION OF WELL Lesse Name	W	ell No. Po	ol Name, Includ	ing Formation	1547	2 Kind	of Lense	Lease No.	
DAGGER DRAW 30N COM	3005 11) DA	GGER DRA	UP PEN	N NÓ.	State,	Federal or Fee	FEE	
Unit Letter	:660	Fe	et From The <u>N</u>	ORTH Lie	6 6	0F	et From The RAS	STLine	
Section 30 Townshi	p 19 S	R	25	<u>E, N</u>	MPM, ED			County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil AMOCO PIPELINE CO (000	100 CT	Condensate		Address (Gin			copy of this form i	-	
Name of Authorized Transporter of Casing	Casinghead Gas			502 NW AVENUE, LEVELAN Address (Give address to which approved			copy of this form i	t to be sent)	
CONOCO_INC (005073)	Unit Sec. Twp. Rgs.			10 DESTA DR STE 100W,					
give location of tanks. If this production is commingled with that :	L 19			YES	NRT: R-95		2-5-93		
IV. COMPLETION DATA			·			~	·····		
Designate Type of Completion	-(X) jy	il Well X		IXX	Workover	Deepen	Plug Back Sam	s Res'v Diff Res'v	
Date Spudded 10-14-93	Date Compl. Ready to Prod. 12-02-93			Total Depth 8058			P.B.T.D. 8058	3	
Elevations (DF, RKB, R., GR, etc.) GR 3541	Name of Producing Formation CISCO CANYON			Top Oil/Gas Pay 7620			Tubing Depth 7957		
Performines 7620 - 7826				Depth Casing Shoe					
	TUBING, CASING AND			CEMENTING RECORD			8058		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET 1115			SACKS CEMENT		
8 3/4	7			8058			1120 SX $1/-1-91/$		
· · · · · · · · · · · · · · · · · · ·	2 7/8 TBG			795	7		C/~	my + 6R	
V. TEST DATA AND REQUES OIL WELL (Test ment be after re	T FOR ALL	OWABI		<u> </u>		- 11 - A - A -		· · · · · · · · · · · · · · · · · · ·	
Date First New Oil Run To Tank	Date of Test		ua ou and must	Producing Me	thod (Flow, pu			(64 non#3.)	
12-3-93 Leigh of Test	12-9-93			PUMPING Casing Pressure			Choka Size		
24 HR Actual Prod. During Test				Water - Ebis.			Gat- MCF		
1211	315	Oil - Bbls. 315			201			680	
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden			Gravity of Conden		
	•			Casing Pressure (Shut-in)			-		
Testing Method (pilot, back pr.)	Tubing Pressure	(Shut-in)		Casing Pressi	re (Sible-le)		Choks Size		
VI. OPERATOR CERTIFIC				· (SERVA		ISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is when and empirically the best of the information given above				JAN 2 5 1994					
is true and complete to the best of my knowledge and belief.					Date Approved JAN 2 5 1994				
Jusk. Seathly					By				
Signature BILL R. KEATHLY SR. REGULATORY SPEC. Printed Name				SUPERVISOR. DISTRICT IN					
12-10-93 Date	915-68	6-5424		Title					
		Telephon	Б ГNQ.						

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.

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.