

Submit 5 Copies  
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

FEB 17 1994

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator CONOCO INC	Well API No. 30-015-27715
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 FEDERAL	Well No. 10	Pool Name, including Formation S. DAGGER DRAW UP PENN <15475	Kind of Lease State, Federal or Fee	Lease No. NM 045276
Location				
Unit Letter P	660	Feet From The SOUTH	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 <000754>	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 <009171>	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? 2-1-94

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 12-8-93	Date Compl. Ready to Prod. 2-1-94		Total Depth 8028		P.B.T.D. 7980			
Elevations (DF, RKB, R', GR, etc.)	Name of Producing Formation CISCO CANYON		Top Oil/Gas Pay 7652		Tubing Depth 7630			
Perforations 7652 - 7744 & 7760 - 7810					Depth Casing Shoe 8027			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4	9 5/8	1055	1100 SX Port ID-2
8 3/4	7	8028	1075 SX 4-1-94
	2 7/8" TBG	7630	crimp & BK

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 2-1-94	Date of Test 2-6-94	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HR	Tubing Pressure 220	Casing Pressure	Choke Size OPEN
Actual Prod. During Test 2361	Oil - Bbls. 337	Water - Bbls. 53	Gas - MCF 980

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  
2-14-94  
Date  
915-686-5424  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 25 1994

By SUPERVISOR, DISTRICT II

Title

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.