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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

JUL 16 '90

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

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc.	Well API No. 30-015-26320
Address 10 Desta Drive West Midland, Texas 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 Russell 35 Federal	Well No. 6	Pool Name, Including Formation North Mason Delaware	Kind of Lease State, Federal or Fee	Lease No. LC-068282A
Location Unit Letter G : 400 Feet From The South Line and 1800 Feet From The East Line Section 35 Township 26S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2587 Hobbs, New Mexico 88240				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, Texas 79762				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 15	Twp. 26	Rge. 31	Is gas actually connected? When? Yes 5-24-90

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4/3/90	Date Compl. Ready to Prod. 6/1/90	Total Depth 4140'			P.B.f.D. 4140'			
Elevations (DF, RKB, RT, GR, etc.) 3128.3 KB	Name of Producing Formation Ramsey/Olds		Top Oil/Gas Pay 4084' / 4129' / 4152'		Tubing Depth 4082'			
Perforations Open hole completion					Depth Casing Shoe 4052'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 950'		SACKS CEMENT 325 SXS			
7-7/8"	5-1/2"		4052' Post TD-2 8-17-90 comp & BK		800 SXS			

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 06/01/90	Date of Test 06/10/90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 26 psi	Casing Pressure 26 psi	Choke Size N/A
Actual Prod. During Test 7	Oil - Bbls. 7	Water - Bbls. 22	Gas- MCF 4

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
David C. DeVorss Administrative Supv.
Printed Name Title
7-12-90 (915) 686-5400
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 14 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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.