Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesla, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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erator	<u>·</u>					-	1 44 631 333		09900	,
Conoco Inc.							1000			
3817 N.W. Expres	sway,	Oklaho	ma City	y, OK	73112	151				
son(s) for Filing (Check proper box)			Fransporter o		Other	(Please explain	'			
w Well	Oil		transporter o Dry Gas							
Completion	Carlnghead	-	Condensate					 		
ange of operator give name										
DESCRIPTION OF WELL A	ND LEA	SE								
DESCRIPTION OF WELL A	THE DEA	Well No.	Pool Name,	Including	Formation		Kind of	Leane ederal or Fee	0-3	me Na.
N.E. HAYNES		5	ME	10 <i>6</i>	Alley)	_ JAV	DIAN_	1000	<u> </u>
cation	11	1.06		<i>1</i>	√Line	4 93	S Fee	From The	ω	Line
Unit Letter	://	06	Feet Prom T	ine/	<u> </u>				` \	Chamber
Section 12 Township	240	<u>J</u>	Range 2	<u>5w</u>	, NIM	IPM, /S	10 Am	<u>4</u> でいか:	<u> </u>	County
	DONTE	n or o	IT AND P	JATTIE	RAL GAS					
. DESIGNATION OF TRANS	PURIE	or Conden	sate	7	Address (Give	address to wh	ich approved	copy of this fo	rm is to be sen	1) Varia mier
BIANT REENINGS					25733 A	address to w	SALISKE	April 1	ALE AZ	1)
ame of Authorized Transporter of Cipingl	head Gas	(Z	or Dry Cas	· 🗀 }	28/19 AL W	Exploses	was OH	AHOMA C	on Ok 2	3112
ONOCO /NC.	Unit_	Sec.	Twp.	Rge.	is gas actually	connected?	When	יים או	0,	
well produces oil or liquids, ve location of tanks.	i P	i 16	12421	SW	965					
this production is commingled with that f	rom any ot	her lease or	pool, give or	ommingli	ing order numi	er:	- 520.	<u> </u>		
. COMPLETION DATA		Oil Wel		Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resiv
Designate Type of Completion	- (X)		' ^{3.3}			İ	<u> </u>	1====	L	J
ate Spudded	Date Con	npi. Ready i	o Prod.		Total Depth			P.B.T.D.		
	Name of	Denducine F	iormation		Top OiVOss	Pay		Tubing Dep	th	
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation							Depth Casing Since		
erforations	.1							Deput Cari	ng Sirce	
		=======================================	CACINIC	AND	CEMENT	NG RECO	RD	.1		
HOLF BITE	T 6	ASING & 1	UBING SIZ	<u>J MID</u> ZE	CLIVILLIVA	DEPTH SE			SACKS CEM	ENT .
HOLE SIZE								-		
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V. TEST DATA AND REQUE	ST FOR	ALLOV	VABLE				ubla Gae th	is death or he	e for fiell 24 ho	urs.)
OIL WELL (Test must be after	recovery of		- 4	l and mus			unwante tot t			
Date First New Oil Run To Tank			ue of load oil		n be equal to a	Aethod (Flow.	pump, gas lift.	elc.)		
Date Lital Mea Oil Kill 10 1 mir	Date of		ue of load oil		Producing N	Aethod (Flow,	pump, gas lýl,			
	Date of	Test	ne of load oil		Producing h	dethod (Flow,	pump, gas lýl.	eic.) Choke Siz		
	Date of		ne of load oil		Casing	ECE	pump, gas lift.			
	Date of	Test Pressure	ne of load oil		Producing in	ECE	NE			IVE
Length of Test	Date of Tubing	Test Pressure	ne of load oi		Casing	ECE	9 199 0	Choke Siz	e ce	IVE
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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.