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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 Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	TOTRAN	SPURT OIL	ו איו טיוי	UNAL GA	Well AT	אס אס		
Operator Conoco Inc.					1	39055	640C	)
Address	Oklahor	na City OK	73112					
3817 N.W. Expres	ssway, Uktanoi	ila City, OK		(Please explai	іл)			
Reason(s) for Filing (Check proper box)	Change in Tr	mamorier of:		(I leave expan	**/			Ì
New Well	· · · · · · · · · · · · · · · · · · ·	ory Gas						
Recompletion Unange in Operator	p <del> </del>	Condensate						
change of operator give name								
nd address of previous operator								***
I. DESCRIPTION OF WELL A	IND LEASE		<del></del>		1		1.00	- No
Lease Name Well No. Pool Name, Including			g Formation			ind of Leane Leane No. Leane No.  Leane No.  Leane No.  Leane No.		
N.E. HAGNES 1 1 CTETO			CALL	<del>/</del> Q	772	TNDIAN C 30		
Location (/ ,	1/50		<	, ~	90		7.1	
Unit Letter	.:_//30_F	Feet From The	Line	and	Fee	t From The	<u> </u>	Line
	silal.	£ 14	١ ٨٣٠	IPM.	10 AK	CLIDAL		County
Section / Township	4910	Range	, INIV	IFML I	10 1410	CUL		
III. DESIGNATION OF TRANS	SPORTER OF OII	L AND NATUR	AL GAS					
Name of Authorized Transporter of Oil	CV/I or Condens	ate	Address (Give	address to wh	ich approved	copy of this form	is to be sen	
COLANT REFINING CO	Ar		3733 N	SOUTTSD		Septisda	HE, AZ	2222
Name of Authorized Transporter of Caring	head Gas (	or Dry Gas 🔲	Address (Giw	address to wh	uch approved	copy of this form	is to be ***	11)
Canoca Inc.	4			EXPLES	SWAS //	CAHOMA(VI)	7,0R.	731/2
if well produces oil or liquids,	Unit   Soc.	Twp Rge.	Is gas actually	connected?	/ /When'	3.0	)	
give location of tanks.	17/9	44N 3W	40	<u> </u>	- A-0.0			
f this production is commingled with that f	rom any other lease or po	ool, give commingli	ng offer numb	er: <u>/</u>	(-570	7		
IV. COMPLETION DATA		<del></del>		797 1	Donne	Dive Beak Co	ma Pae'u	Diff Res'v
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back  Sa	.me Kes v	Pull Ken
	1		Total Depth		<u> </u>	P.B.T.D.		J
Date Spudded	Date Compl. Ready to	PTOG.	Total Depui			P.B.1.D.		
Flevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	ALUON (DP, RKB, RI, OR, SIC.)		•					
Perforations	1					Depth Casing	Shoe	
	TUBING.	CASING AND	CEMENTI	NG RECOR	D D			
HOLE SIZE	CASING & TU	DEPTH SET			SACKS CEMENT .			
						-l		
						J		
V. TEST DATA AND REQUES	ST FOR ALLOWA	ABLE				is damely as the for	- 6.11 24 hau	~• 1
	recovery of Iolal volume of	of load oil and must	be equal to of	ethod (Flow, p	umin eas lift.	etc.)	Jul 24 1101	.,
Date First New Oil Run To Tank	Date of Test		riodicing w	P A C		75%	55 AFF 21	an in the
	711 7		Casing Plea		7 7 2	Chole Size		W -
Length of Test	Tubing Pressure		Cana 1977					
I D. I D Tord	O'I Phi	····	Water - Bbla	AUG2	9 1990	ON-MCE	n 9 4 1	
Actual Prod. During Test	Oil - Bbls.			Mous	J 1000	56	P241	330
			· · · · · · · · · · · · · · · · · · ·	אוו כס	N. DI	V. (1)	CON	DIV.
GAS WELL			TRUE PIE	NIE CO		Chivity of G	CUIV.	<u>,                                    </u>
Actual Prod. Test - MCF/D	Length of Test		BDIS. CORde	asse MMOFS	71. U	STATIS OF S	THOIL .	J
	Tubing Pressure (Shut	- Fa)	Casino Presi	ure (Shut-in)		Choke Size		<del>+</del>
Testing Method (pitot, back pr.)	I mound t terrange (Surer	-ш)	Canaling 1.10	2.0 (0)				,
			-\r					
VI. OPERATOR CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION					
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.			CIE GOLIGEI (VILIA)					
			Date Approved SLI & 0 1000					
			1					
of Balon			_		3	(1)	·	
Signature			∥ By_			<del>-</del>	<u>X</u>	
J. E. Barton	Administrat <sup>*</sup>		1		SUPE	RVISOR DI	STRICT	f 3
Printed Name	/ADEL DAG	Title R_ 3120	Title	)				
Page		8-3120 ephoné No.	11					
Date	1 614	cpriorie (10.	.11					

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.