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Appropriate District Office
DISTRICT I
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

•	TO TF	RANSI	PORT OIL	AND NAT	URAL	<u>GAS</u>				
Operator Conoco Inc.	L L				10 390 556 400					
Address 3817 N.W. Exp	ressway. Okla	homa	City. O	K 73112	· · · · ·				. — . <b></b> .	
eason(s) for Filing (Check proper box) lew Well ecompletion	Change Oil [		sporter of:		T (Please o	explain	)			
hange in Operator Lange of operator give name	Casinghead Gas	Cond	iensate 🖳							
d address of previous operator			<del></del>	<del></del>	<del></del>					· · · · · · · · · · · · · · · · · · ·
I. DESCRIPTION OF WELL		T= .					-17			
esse Name N.E. HANNES	Well N	o. Pool	Name, Including	ng Formation	4 (GA	(S)		Lease Federal or Fed 2/14/10		зне Na. 36
Location	. 1850			<		20	20		w	
Unit Letter	_:/835	Feet	From The	Line	and	77	Fe	et From The	<u> </u>	Line
Section / C Towns	hip 24N	Rang	ro Su	) , <sub>NI</sub>	ирм,	K	o Arc	C(BA	···	County
II. DESIGNATION OF TRA			ND NATU		<del></del>		<del></del>	<del></del>	<del></del>	
Name of Authorized Transporter of Oil	or Cone	densate	ÚC)	1	_	- ()	<b>-1</b> -	copy of this f	orm is to be se. AZ 75	
Name of Authorized Transporter of Cast	nohead Gas	or D	ry Gas 🔯	Address (Gir	address 1	o whic	h approyed	copy of this f	orm is to be se	nt)
CONOCO INC	<b>4.</b> 4-1	<u> </u>		38/7 N.W.	Explain	SWAL	WKIA	LOMA ( )	Ty UK 23	1/2
If well produces oil or liquids, ive location of tanks.	Tunil Sec.	Twp	M SW	is gas actually		d7 ∪	When	7 ()	J	
this production is commingled with the		or pool,	·			F	-520	5		<del></del>
V. COMPLETION DATA									Υ	
Designate Type of Completion	n-(X) ¦Oit₩	'ell	Gas Well	New Well	Workov	er   	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.			Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Top Oil/Gas Pay				Tubing Depth				
erforations	L				Depth Casing Shoe					
								'		
		CEMENTI				OLOVO OTLITIT				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT .		
V. TEST DATA AND REQUI	EST FOR ALLO	WABL	,E	L						***
OIL WELL (Test must be after	r recovery of total volu								for full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flo	w, pun	φ, gas lift,	etc.)		
Length of Test	Tubing Pressure	Casing Palaul				Total Stre	B G G			
III Paul Paulo Toti				Water Bhis.				los Mor		
Actual Prod. During Test	Oil - Bbls.			AUG 2 9 1990				SEP241U90		
GAS WELL				$\sim$	11 00	اروز (	DIV	0	() P ( ) ()	Vict 1
Actual Prod. Test - MCF/D	Length of Test	Bbla. Condensate/MMCF DIST. 3				Gravity of Condendate  DIST. 3				
Festing Method (pitot, back pr.)	Tubing Pressure (S	Casing Pressure (Shut-in)				Choke Size				
	`									
VI. OPERATOR CERTIFI  I hereby certify that the rules and reg  Division have been complied with as  is true and complete to the best of m	gulations of the Oil Con ad that the information	nservatio given ab	2		OIL C		9		DIVISION TOOM	ON
45 Balon				D.,			~	. \ _	~) /	•
Signature J. E. Barton	Administra			By_			CHE	AVISOD	DISTRIC	
Printed Name	(405)	Tiu 948-3	-	Title			SUPE	HUSUR	DISTRIC	1 13
Date		Telephor								

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.