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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	1	O TRAN	SPORT OIL	AND NA	TURAL G	AS				
Operator Conoco Inc.					Well API No. 300390607400					
Address 3817 N.W. Exp	receman	Oklahom	a City (OK 7311	2					
Reason(s) for Filing (Check proper box		UKTAHUII	a city, t		L her (Please expli	ain)				
New Well		Change in Tra			•	•				
Recompletion	Oil Casinghead	<u> </u>	y Gas 📖 endensate 🔯							
If change of operator give name and address of previous operator										
•		on.								
II. DESCRIPTION OF WELL Leage Name 4			ol bjame, Includi	ing Formation		Kind	of Lease	T i	ease No.	
Location JACHE J		8	FANCOPIC	/	GFFS, Se		Federal or Fed		147	
Unit Letter	: 90	30 Fe	et From The	<u>5</u> 4	ne and	90 F	et From The	E	Line	
Section 8 Town	thip 25	N Re	inge 5u	<u>۸, د</u>	IMPM, R	10 AR	te 17A		County	
III. DESIGNATION OF TRA	NSPORTE									
Name of Authorized Transporter of Oil or Condensate CA					Address (Give address to which approved copy of this form is to be sent) 13733 N. Sco 775DAFERS, Sco775DAFEAZ 85255					
Name of Authorized Transporter of Cabinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
bas (buy) and of New Marco well produces bil or liquids, Unit Sec. Twp. Rge. ve location of tanks.					is gas actually connected? When ?					
If this production is commingled with th	at from any othe	r lease or pool	l, give comming	ing order num	S	l				
IV. COMPLETION DATA		Oil Well	Clas Well	New Well	Workover	Deepen	Plug Back	Cama Bas'u	Diff Res'v	
Designate Type of Completion		i	İ	İ	Workover	Docpen	Plug Back	 Offilie Ver A		
Date Spudded	nudded Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas	Top Oil/Gas Pay Tubing Dep								
Perforations				·*	4		Depth Casin	g Shoe		
	TUBING, CASING AND					D	· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT .		
				ļ			<u> </u>			
V. TEST DATA AND REQUI				he sound to a	·	bla for thi	- dowl or he	Con full 24 hour	1	
Date First New Oil Run To Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
					BECENES					
Length of Test	Tubing Pressure			Cales Learners (C. I. A. C.)			Choke Size			
Actual Prod. During Test	Oil - Bbls.			water - Bb/CT 2 1990			Gas- MCF			
GAS WELL	·····			OIL	CON	DIV		.•		
Actual Prod. Test - MCF/D Length of Test					Bbls. Condense PASCP 3			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			ure (Shut-in)	•	Choke Size	•	,	
VI. OPERATOR CERTIFI	CATE OF	COMPLI	ANCE		011 000					
I hereby certify that the rules and reg					OIL CON	ISERV	NOITA	DISIVIC	Ν	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved0CT 0 3 1990					
W W Baken					• •			1 /		
Signature J. E. Barton	Admini	strative	Supr.	By_	·		<u>, 9</u>	hand		
Printed Name 9-10-90	(40!	Tit	le	Title		SUPER	AVISOR D	ISTRICT	#3	
Date		Telepho	ne No.	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
- 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.