Submit 5 Copies
Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instr

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Conoco Inc. 300390814300 Address 3817 N.W. Expressway, Oklahoma City, OK Reason(s) for Filing (Check proper box) 73112 Other (Please explain) New Well Recompletion Dry Gas Oll Change in Or

If change of operator give name	Canagnesa Gas	Condensate	<u> </u>							
if change of operator give name and address of previous operator	·									
II. DESCRIPTION OF WE	LL AND LEASE									
Lease Name		No. Pool Name	, Includio	g Ponnation		Kind	of Lease	1	pape No.	
Location JANGUIA 30	<u>)</u> ا				BANDON	DON 10 State	, Federal or Fe	. 1/0/2/7/2	000010	
Unit Letter	- 1850) Feet From :	The S	Devit un	e and	50 P	oct From The .	E4ST	Line	
Section 32 Ton	mahlp 250	Range	4w	. NI	мрм,	Rio Arr	riba			
III DECICNATION OF TH	Alionomman								County	
III. DESIGNATION OF TR	ANSPORTER OF CO	OIL AND N	VATUR	AL GAS						
Giant Refining Co.	յ Է	Address (Give address to which approved copy of this form is to be sent) 23733 N. Scottsdale Rd., Scottsdale, AZ 85255								
Name of Authorized Transporter of C	asinghead Cas	or Dry Gas		Address (Giv	SCOLLEGE	ile Kd.,	Scottso	<u>lale, AZ</u>	<u>85255</u>	
LET BARD NATURA	ALCAR CO			Pricole	address to W	TA TA	t copy of this fo	orm is to be se	M)	
If well produces oil or liquids, give location of tanks.	Rge.	e. is gas actually connected? When?								
	1018	12571	(w)	UE	25		•			
If this production is commingled with a IV. COMPLETION DATA	that from any other leas	or pool, give co	mminglin	g order frumb	er:					
THE COMMENTAL PROPERTY.	Your	V. 11				·				
Designate Type of Completi	on - (X)	Well Gas V	Vell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Reac	y to Prod.	₁	Total Depth		L	P.B.T.D.		<u> </u>	
Elevation (DE DV2 200 -								r.b.1.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			1	Top Oil/Gas Pay			Tubing Depth			
Perforations										
							Depth Casing	Shoe		
	TUBIN	G. CASING	ANDC	EMENTIN	IC PECODI		<u>l</u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT .			
							GAORG GEMENT .			
		 								
					"					
V. TEST DATA AND REQU	EST FOR ALLO	WARLE	<u>-</u>		······································	 .		A		
OIL WELL (Test must be after			i must be	Royal to or A	Exceed ton allo	unhla for shia	12 6	5.6.1		
Date First New Oil Run To Tank	Pi	Producing Method (Flow, pump, gas lift, etc.)								
Laugh of Tod							AU	G O 6 199		
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oll Bhi	Oil - Bbis.			191			OIL CON. DIV		
	On - Boil.			Water - Bblå.			Gas-MCF DIST ?			
GAS WELL							<u></u>		<u> </u>	
Actual Prod. Test - MCF/D	Length of Test		180		:					
				Bbls. Condensate/MMCP			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		- a	Casing Pressure (Shut-in)			Choke Size			
				•					•	
VI. OPERATOR CERTIFI	CATE OF COM	IPLIANCE				· - · - · · · · · · · · · · · · · · · ·	L	 -		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of m	or inst the information (* knowledge sind belief	dven abové		•		AI			-	
·				Date ApprovedAUG 0 9 1990						
nc Ra Li			· []		• •					

Administrative Supra Title 948-3120 (405)

Date

DEPUTY OIL & GAS IN Title

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.