

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator: Conoco Inc. Well API No. 300390818300
Address: 3817 N.W. Expressway, Oklahoma City, OK 73112
Reason(s) for Filing (Check proper box):
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator:

II. DESCRIPTION OF WELL AND LEASE
Lease Name: IICARILLA 28 Well No. 3 Pool Name, including Formation: W. LINDRITH, LINDRITH CAPPING, DAKOTA, 101T Kind of Lease: State, Federal or Fee: 001740 Lease No. 6090000660
Location: Unit Letter P : 990 Feet From The South Line and 790 Feet From The EAST Line
Section 34 Township 25N Range 4W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil: Giant Refining Co. XXXX or Condensate ☐ 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 Casinghead Gas: EL PASO NATURAL GAS CO. or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent): PETROLEUM PLAZA FARMINGTON, NM 87401
If well produces oil or liquids, give location of tanks: Unit J Sec. 28 Twp. 25N Rge. 4W Is gas actually connected? YES When?

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover 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 Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth for full 24 hours.)
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) AUG 06 1990
Length of Test Tubing Pressure Casing Pressure Choke Size OIL CON. 7
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

GAS WELL
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE
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.
Signature: J. E. Barton Administrative Supr.
Printed Name: J. E. Barton Title: (405) 948-3120
Date: Telephone No.

OIL CONSERVATION DIVISION
Date Approved: AUG 09 1990
By: Deputy Oil & Gas Inspector, Dist. #3
Title: DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.