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Appropriate District Office
DISTRICT J
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 Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.			CDODT O							
Operator		IO IHAN	SPORT O	L AND NA	TUHAL		API No.			
Conoco Inc.							03920:	10700		
Address					 		VA JUV.	0700		
3817 N.W. Expr	essway,	Oklahor	na City,	OK 7311	2					
Reason(s) for Filing (Check proper box) New Well		en		Oth	ner (Please exp	olain)				
Recompletion	Oil	Change in Tr								
Change in Operator	Casinghead		ondensate							
If change of operator give name			Olicelane []			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
and address of previous operator		······································	·			· · · · · · · · · · · · · · · · · · ·				
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name	Well No. Pool Name, Includ						of Lease No.			
JICARULA 32		3 W	LINDRAL	INDERHA	Man DAKOTA	WIT Sine	Federal or Fee	9971	0000650	
Unit Letter	. 89	O Po	ect From The 🛭	PORTH LIN	e and	190 P	et From The	WES	T Line	
Section 23 Townshi	· 15	ン R	inge 4u	<u>א,</u> כ	мрм,	Rio Arr	iba		County	
III. DESIGNATION OF TRAN	SPODTE	D OF OU	AND NATE	DAL CAR						
Name of Authorized Transporter of Oil	IXXX	or Condensate			e address to s	vhich approve	come of this for	- le te be es		
Giant Refining Co.		ddress (Give address to which approved copy of this form is to be sent) 3733 N.Scottsdale Rd., Scottsdale, AZ 85255								
Name of Authorized Transporter of Casing	Address (Giya address to which approved copy of this form is to be zent)									
CHASO NATURALIO	PETROLSUM PLAZA, FAXMINGTON, NM 87401									
If well produces oil or liquids, give location of tanks.	Unit	Sec. Tv	/ -	le gae actuali	y connected?	When		, 1 v. · · ·	-7-7	
[5N1 4W	<u> </u>	ES					
If this production is commingled with that in IV. COMPLETION DATA	from any other	er lease or poo	l, give comming	ling order mu	ber:	HC 74	17			
Designate Type of Completion		Oil Well	Gas Well	New Well Total Depth	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Compl	Pate Compl. Ready to Prod.					P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Pormation				Top Oil/Gas	Top Oil/Gas Pay Tubing Depth					
Perforations				<u> </u>			Depth Casing Shoe			
		innia a				· · · · · · · · · · · · · · · · · · ·				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			CEMENTI				r		
	CASING & TOBING SIZE			DEPTH SET			SACKS CEMENT .			
V. TEST DATA AND REQUES							n) E	CEI	WEF	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	al volume of l	oad oil and must	be equal to or	exceed top all	owable for this	deplate be for	fidl 24 hour	s.)	
Length of Test			 			ump, gas lift, e	AUG 0 6 1930			
	Tubing Pressure			Casing Pressure			Choten CON. DIV			
Actual Prod. During Test	Oil - Bbis.			Water - Bbla.			Gu-MCF DIST. 3			
GAS WELL							•	•	· · · · · · · · · · · · · · · · · · ·	
Actual Prod. Test - MCF/D	Length of To	bat .		Bbls. Conden	nie/MMCF		Oravity of Con	densate	''-	
Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
	<u></u>									
VI. OPERATOR CERTIFICA				ے ا	W 001	lorm.	TION 5		A A	
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my ki	nowledge and	muon given at belief.	OV6	Data	Approve	. ا	AUG 0	9 1990	•	
J& Patri			•	Dale	Approve	<u> </u>				
Signature				By						
Printed Name Administrative Supr. Printed Name (405) 948-3120				Title_	DEPU	ITY OIL & G	as inspecto	R, DIST.		
Date		7 948-3 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.