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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 11-80
See Instructions
at Bottom of Page

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FEB 27 1989

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>Conoco Inc.</u>	Well API No. <u>30-039-20207</u>
Address <u>P.O. Box 460, Hobbs, NM 88240</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla 22</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee	Lease No. <u>Contract 65</u>
Location				
Unit Letter <u>D</u>	: <u>890</u>	Feet From The <u>North</u> Line and <u>890</u>	Feet From The <u>West</u>	Line
Section <u>22</u>	Township <u>25N</u>	Range <u>4W</u>	NMPM, <u>Rio Arriba</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Conoco Inc. Surface Transportation</u>	<u>Box 1429, Bloomfield, NM 87413</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>EL Paso Natural Gas Company</u>	<u>P.O. Box 1492, El Paso TX 79978</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	<u>D</u> <u>22</u> <u>25N</u> <u>4W</u> <u>yes</u> <u>12-9-88</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Date Spudded <u>6-5-69</u>	Date Compl. Ready to Prod. <u>12-2-88</u>	Total Depth <u>7975'</u>	P.B.T.D. <u>6640'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>7009'</u>	Name of Producing Formation <u>Mesaverde</u>	Top Oil/Gas Pay <u>5562'</u>	Tubing Depth <u>5664'</u>					
Perforations <u>5696'-5700' & 5702'-22'</u> <u>5562'-63', 5574'-82', 5592'-96', 5626'-32', 5676'-82', 5690'-93'</u>			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4</u>	<u>8 5/8"</u>		<u>277'</u>		<u>175 sk</u>			
<u>7 7/8</u>	<u>5 1/2"</u>		<u>7975'</u>		<u>770 sk</u>			
	<u>2 3/8</u>		<u>5664'</u>					

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 or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D <u>337</u>	Length of Test <u>24 hours</u>	Bbls. Condensate/MMCF <u>31</u>	Gravity of Condensate <u>45.8</u>
Testing Method (pilot, back pr.) <u>flowing</u>	Tubing Pressure (Shut-in) <u>SI 140 psi</u>	Casing Pressure (Shut-in) <u>SI 460 psi</u>	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.

Martine Simpson
Signature
for D.F. Finney Administrative Supervisor
Printed Name
1-24-89 (505) 397-5800
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 27 1989
By Original Signed by FRANK T. CHAVEZ
Title SUPERVISOR DISTRICT #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.