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

## 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

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Section   15   Township   25N   Range   4W   NMFM, Rio Arriba   County	Conoco Inc.											
Responds of Filing (Check proper box)  Responds of Change in Transporter of Change in Transporter of Condensate of Potol Name, Inchding Formation  In DESCRIPTION OF WELL AND LEASE  Lease Name  Lase Name Jicarilla 22  12A Palanco Messaverde  Responds of Potol Name, Inchding Formation  Name of Authorized Transport of Potol Name, Inchding Formation  Unit Letter  J : 2080 Feet From The South Line and 2290 Feet From The East  Section 15 Township 25N Range 4W NMPM, Rio Arriba Countract  Responds of Transport of Change of Manager of Condensate of Name of Authorized Transport act of the Same of Name of Authorized Transport act of the Same of Name of Authorized Transport act of the Same of Name of Authorized Transport act of the Same of Potol Name of Authorized Transport act of Potol Name of Authorized Transport of Change of Name of Potol Name of Authorized Transport of Change of Name of Potol Name of N	ddress							We		0000	-	
P. O. BOX 460, Hobbs, New Mexico    Reason(s) for Filing (Check proper box)   Consequent in Transporter of:   Downhole Comming led W/Lindrith Gallup			<del> </del>		-				30-039	-2022	<u>/</u>	
Reason(s) for Filing (Check proper box)  New Well   Change in Transporter of:   Doy Gas   Downhole Commingled W/Lindrith Gallup Recompletion   Oil Dry Gas   Change of Operator		Hobbs.	New Me	exico								
Cauge in Transporter of   Commingled W/Lindrith Gallup					<del></del>	VV Othe	r (Please expl	ain)	<del> </del>		***	
Recompletion Casinghead Gas Coedemate Casinghead Gas Cas			Change in	Transpor	er of:				led W/	Lindr	ith Ga	allup Da
Change of operator give name and address of provisions operators	ecompletion	Oil		Dry Gas					,			•
Lease Name    Sate   Sa	hange in Operator	Casinghea	id Gas 🔲	Condens	ate 🗌							
Lease Name	change of operator give name											
Lease Name   Jicarilla 22   12A   Pool Name, Including Formation   State, Federal or Fee   Contract	•				<del></del> ,							<del>:</del>
Jicarilla 22   12A   Blanco Mesaverde   State, Federal or Fee   Contract Location   Unit Letter   J   2080   Feet From The   South   Line and   2290   Feet From The   East		AND LEA						r			<del></del>	
Location   Unit Letter   J   2080   Feet From The   South   Line and   2290   Feet From The   East			1	l .		_				_	l -	
Unit Letter J . 2080 Feet From The South Line and 2290 Feet From The East  Section 15 Township 25N Range 4W ,NMPM, Rio Arriba Count.  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil XJ or Condensate Address (Give address to which approved copy of this form is to be sent)  Conoco Inc. Surface Transportation P. O. Box 1429, Bloomfield, New Mexico 874  Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)  P. O. Box 460, Hobbs, New Mexico 874  Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)  P. O. Box 460, Hobbs, New Mexico 874  Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)  P. O. Box 460, Hobbs, New Mexico 874  Name of Authorized Transporter of Casinghead Gas X or Dry Gas X or X o		<del></del>	IZA	<u> </u>	anco l	lesaverd	e				Cont	ract #63
Section 15 Township 25N Range 4W ,NMFM, Rio Arriba Countries and Section 15 Township 25N Range 4W ,NMFM, Rio Arriba Countries and Section 15 Township 25N Range 4W ,NMFM, Rio Arriba Countries and Section 15 Township 25N Range 4W ,NMFM, Rio Arriba Countries and Section 15 Township 25N Range 4W ,NMFM, Rio Arriba Countries and Section 15 Township 25N Range 67 Authorized Transporter of Casinghead Gas		2080	Λ.		c.	outh	2200	١.			Fact	
Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent)  Conoco Inc. Surface Transportation P. O. Box 1429, Bloomfield, New Mexico 874  Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Conoco Inc.  Twp. Ready or Dry Gas Address (Give address to which approved copy of this form is to be sent)  P. O. Box 1429, Bloomfield, New Mexico 874  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 460, Hobbs, New Mexico 88240  If well produces oil oil fliquids, Unit Sec. Twp. Ree. Is gas actually connected? When?  Yes 3-4-90  It has production is commingled with that from any other lease or pool, give commingling order number:  PC-754, DHC-750  V. COMPLETION DATA  Designate Type of Completion - (X)  Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv Diff Re  Deste 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  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  One Transporter of Casing Bressure Choke Size MAR 2 7 139  Actual Prod. During Test Oil - Bbls.  Water - Bbls.  Water - Bbls.	Unit Letter	_ :	<u> </u>	_ Feet Fro	m The	Line	and	, .	Feet From	The	Last	Line
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Address (Give address to which approved copy of this form is to be sent)		<u> </u>		Teamge		, , , , , ,	*********					
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Conoco Inc.   P. O. Box 460, Hobbs, New Mexico 88240	· <del></del>	Cranspo	rtatio	n '								
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W. W. Baker, Administrative Supervisor SUPERVISOR DISTRICT #3	TEST DATA AND REQUES IL WELL (Test must be after relate First New Oil Run To Tank ength of Test ctual Prod. During Test  GAS WELL ctual Prod. Test - MCF/D esting Method (pitot, back pr.)  T. OPERATOR CERTIFIC I hereby certify that the rules and regulation between complied with and it is true and complete to the best of my it  WW Balley	Tubing Pre  Length of Tubing Pre  CATE OF lations of the that the info	Test  COMF Coll Conser	of load of	•	Producing Me Casing Press Water - Bbis. Bbis. Conden Casing Press	sate/MMCF  ire (Shut-in)	NSER	Gas- M Gravity Choke  WATIC  MAR	y of Coac Size	COI DIST lensate VISIC	N. DIN
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11 3 11 16 3	TEST DATA AND REQUES IL WELL (Test must be after relate First New Oil Run To Tank  ength of Test  Ctual Prod. During Test  GAS WELL  ctual Prod. Test - MCF/D  esting Method (pitot, back pr.)  T. OPERATOR CERTIFIC  I hereby certify that the rules and regular Division have been complied with and is true and complete to the best of my beautiful than the rules and complete to the best of my beautiful than the rules and complete to the best of my beautiful than the rules and complete to the best of my beautiful than the rules and complete to the best of my beautiful than the rules and complete to the best of my beautiful than the rules and regular than the rules and	Tubing Pre  Length of Tubing Pre  CATE OF lations of the that the info knowledge a	Test  COMF Coll Conser	d-in) PLIAN rvation ven above	CE	Producing Me Casing Press. Water - Bbis. Bbis. Conden Casing Press.	ethod (Flow, proceed)  ire  sate/MMCF  ire (Shut-in)  OIL CON	NSER	Choke Gas-N Gravity Choke VATIC MAR	y of Cond Size	CO DIST Ichsate VISIC	N. DIN
3-26-90 (505) 397-5800 Date Telephone No.	TEST DATA AND REQUES IL WELL (Test must be after relate First New Oil Run To Tank  ength of Test  ctual Prod. During Test  GAS WELL  ctual Prod. Test - MCF/D  esting Method (pitot, back pr.)  T. OPERATOR CERTIFIC  I hereby certify that the rules and regular Division have been complied with and is true and complete to the best of my is  Signature W. W. Baker, Adminis Printed Name	Date of Te Date of Te Tubing Pre Oil - Bbls.  Length of Tubing Pre CATE OF lations of the that the info knowledge a	Test COMP COI Conservation give ind belief.	t-in) PLIAN rvation ven above Prviso Title	CE	Producing Me Casing Press Water - Bbis. Bbis. Conden Casing Press	ethod (Flow, proceed)  ire  sate/MMCF  ire (Shut-in)  OIL CON	NSER	Choke Gas-N Gravity Choke VATIC MAR	y of Cond Size	CO DIST Ichsate VISIC	N. DIN

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.