Subscit 5 Copics
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. Drawer DD, Artesia, NM 88210		C-	T		ox 2088	:04 20S	0						
DISTRICT III		29	inta i	e, New M	exico 8/3	004-208	58						
1000 Rio Brazos Rd., Aztec, NM 87410	REQ	JEST F	OR A	ALLOWAE	BLE AND	AUTH	IORIZ	ATION					
I.			_	PORT OIL									
Operator								Well API No.					
Conoco Inc.									30-039-2	<u>0418</u>			
Address													
P.O. Box 460,	Hobbs.	NM 88	<u> 3240</u>										
Reason(s) for Filing (Check proper box)		_		_	∐ O	ther (Pleas	se explaii	r)					
New Well	0.1	Change in			NI.	amo ob		from .	Tinomill	- 22	11 No. 5		
Recompletion XX	Oil Casiasha		Dry (-		vell No.		11 No. 5		
Change in Operator	Catangnea	ad Gas	Cond	lensate		310	-a1 11.	1a 22 w	VEIL NO.				
and address of previous operator									·				
II. DESCRIPTION OF WELL	AND LE	ASE											
Lease Name		Well No.		Name, Includi	ng Formation Kind c				of Lease No.				
Jicarilla 22		3A	Be	enco Mesavero	le	State				Federal or Fee Contract 65			
Location		-											
Unit Letter L	: 18	370 '	Feet	From The	South L	ne and	790	' Fe	et From The.	West	tLine		
Section 22 Townshi	25N		Rang	e 4W		VMPM,	Ric	Arrib	oa		County		
III. DESIGNATION OF TRAN	CDADTE	D OF O	TT A	ND NATE	DAL CAS	•							
Name of Authorized Transporter of Oil	STORIE	or Conder		•			s to which	h approved	copy of this f	form is to be s	eni)		
Conoco Surface Tr	nepert	ation		XX	1					NM 874			
Name of Authorized Transporter of Casing	zhead Gas		or D	ry Gas XX						form is to be si	eni)		
El Paso Natural G	as Comr	any			P.O.	Box	1492	F.1 Pa	so TX	79978	Habba		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actua			When					
give location of tanks.	D	22	25			ected_			<u>01-15-8</u>	9			
If this production is commingled with that	from any ou	her lease or	pool, p	give commingl	ing order nur	nber:		PC-	754				
IV. COMPLETION DATA		les w		- W II	1				Dive Deels	Jenny Burky	Diff Back		
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	ijwonki 1	over	Deepen	l Plug Back	Same Res'v	Diff Res'v		
Date Spudded		pl. Ready to	Prod.	X	Total Depth				P.B.T.D.	<u> </u>			
09-23-71	1	-31-			7820'				7784'				
Elevations (DF, RKB, RT, GR, etc.)		roducing F			Top Oil/Gas Pay				Tubing Depth				
70C1' GR	Mesaverde				5544'				78581				
Perforations									Depth Casin	ig Shoe			
5681'-88', 5668'-77	5659			55'-63',									
				CEMENTING RECORD				T					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				1	SACKS CEM	ENT		
12!5	8_5/8				239'					50_sx			
7-7/8	4-1/2			7820' 5646				805 sx.					
		7 1/4				50.70							
V. TEST DATA AND REQUES	T FOR	ALLOW.	ABL	E									
OIL WELL (Test must be after r					be equal to	or exceed	top allow	able for this	s depth or be	for full 24 hou	ers.)		
Date First New Oil Run To Tank	Date of Te	st			Producing N	Method (F	low, pun	φ, gas lift, e	etc.)				
								I Carta Car					
Length of Test	Tubing Pro	essure			Casing Pres	sure			Choke Size				
	<u> </u>							Gas- MCF					
Actual Prod. During Test	Oil - Bbls.	•			Water - Bbis.				Cas- IVICI				
				,	<u> </u>				<u> </u>				
GAS WELL									<u> </u>				
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF				Gravity of (Condensate			
85	24 hrs. Tubing Pressure (Shut-in)				5 bbls, Casing Pressure (Shut-in)				Choke Size				
Testing Method (pitot, back pr.)													
pumping	<u> </u>				 г		-		<u> </u>				
VI. OPERATOR CERTIFIC						OII (CONI	SERV	MOITA	DIVISIO)N		
I hereby certify that the rules and regul					OIL CONSERVATION DIVISION 1989								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved MAY 0 3 1989								
												1712	
					u D		J 1995		•	•			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

DEPUTY OIL & GAS INSPECTOR, DIST. #5

2) All sections of this form must be filled out for allowable on new and recompleted wells.

397-5800 Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Supervisor

Title

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		TOTRA	NSP	OHI OIL	AND NA	UHAL GA	Well A	API No.				
Conoco Inc.								30-039-2	0418			
dress		Nor- N		o 8824	0							
P. O. Box 460 ason(s) for Filing (Check proper box)		, New r	rexic	.0 0024		r (Please explai	in)					
w Well		Change in	Transpo	orter of:	Cha	inge Well		_				
completion	Oil		Dry Ga		Fro		irilla l					
ange in Operator	Casinghea	ad Gas 🗌	Conde	neate	To	Jica	rilla	No. 3A				
hange of operator give name address of previous operator												
DESCRIPTION OF WELL	AND LE	ASE										
Pase Name Jicarilla 22		Well No. Pool Name, Including A Lindrith Gal				kota, Wes		of Lease Ind Federal or Federal	Lease Ind. ederal or Fee Contract #65			
Unit LetterL	:187	0	_ Feet F	from The	outh Line	and	F	eet From The	West	Line		
Section 22 Towns	hip 25N		Range	4W	, NI	ирм, Rie	o Arrib	a	County			
-		- OF O		III) NIA TITI	DAT CAS							
I. DESIGNATION OF TRA ame of Authorized Transporter of Oil	NSPORTE	or Conde	nsate	MA I U	Address (GIN	e address to wh	ich approved	d copy of this j	orm is to be se	int)		
Conoco Inc. Surface	[X] [ranspor	tation			P. O. B	ox 1429,	Bloomf	ield, N	<u>м. 87</u>	413		
lame of Authorized Transporter of Cas	inghead Gas	X		y Gas	Address (Giv	e address to wh	uch approved	d copy of this i	form is to be se = 79978	int)		
El Pase Natural Cas (ompany					ox 1492,	When					
well produces oil or liquids,	Unit	Sec.	Twp. 25N		Is gas actuall	ool Shut		u :				
ve location of tanks. this production is commingled with th	D D						PC-754	+				
this production is commingled with the COMPLETION DATA	at from any o	nici lease o	i pooi, g	ave occurring								
. COMPLETION DATA		Oil We	11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completic	n - (X)	_i	İ_			<u> </u>	<u> </u>	1	<u> </u>			
ate Spudded	Date Cor	npi. Ready	to Prod.		Total Depth			P.B.T.D.				
					Top Oil/Gas	Pay		Tubing De	Tubing Depth			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top our			100,000				
erforations					<u> </u>			Depth Casi	ng Shoe			
CHOLEGOES												
		TUBINO	G, CAS	SING AND	CEMENTI	NG RECOR	SD		5 1 0 1 0 0 5 h			
HOLE SIZE						DEPTH SET			SACKS CEMENT			
					 							
					 							
					 							
. TEST DATA AND REQU	FST FOR	ALLOV	VABL	E	<u> </u>							
)IL WELL (Test must be aft	er recovery of	f total volum	ne of loa	— d oil and mus	t be equal to o	r exceed top all	lowable for t	his depth or b	e for full 24 ho	urs.)		
Date First New Oil Run To Tank	Date of				Producing N	fethod (Flow, p	oump, gas lift	, etc.)		1900 P. 1900		
					<u> </u>		 f f	Cloke Siz	e ::	3 1111		
Length of Test	Tubing 1	Pressure			Casing Pres	sure						
	01 71	Oil - Bbls.				<u> </u>		Gar MCI	% a 198 9			
Actual Prod. During Test	Oil - Bo	015.						HIG	MINOUNA			
								OILC	on. D	W.		
GAS WELL Actual Prod. Test - MCF/D	Length	of Test			Bbls. Conde	nsate/MMCF		Gravity •	Conden ge			
ACUIZI PTOOL 1684 - MICE/ID	Lugui V							Choke Siz				
Testing Method (pitot, back pr.)	Tubing	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			ze.			
Annual Control of the			_									
VI. OPERATOR CERTIF	TCATE (OF CON	/PLI/	ANCE		OIL CO	NICED	VATION	ואומו	ON		
I hereby certify that the rules and I	egulations of	the Oil Cor	servation	Ω		OIL CO	ואסבת	VALION	DIVIO	OIT		
Division have been complied with	and that the in	ntormation	given ad	ove		_			AF	PR 06		
is true and complete to the best of	my knowledg	e and belief			Dat	te Approv	ed	7.	* 11	<u>,, y 0</u>		
·m./.~/)				12 1	12 1	July 1	<i>U</i>			
11 aprine De	mpso				∥ By	- In	tery ters	Mil	200			
W. W. Baker, Admi	n istrat :	ive Sup					DEPU	TY OIL a G	AS INSPECT	OR, DIST. 4		
Printed Name		(505) (Titl		Titl	e						
4_5-89			397 <u>–5</u> Telephor		II.							
Date			·		- 11							

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.

