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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc.	, , , , , , ,			Wall All	1 No. 03920	43900	
Address	recusy Oblad	noma City O	K 73112				
3817 N.W. Expre Reason(s) for Filing (Check proper box) New Well		Transporter of:	Other (Please explai	n)		, , , , , , , , , , , , , , , , , , ,	
Recompletion	Oil	Dry Gas					
Change in Operator  I change of operator give name	Casinghead Gas	Condensate					
nd address of previous operator							
DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, Includin			Promission Kind of Lease Lease No.		Lease No.		
Lease Name AN ADAME J	Well No.   Pool Name, Including		MAN (BAS)		State, Federal or Fee C-147		
Location	-	Tare CIE	icki (czes)				
Unit Letter	: 920	_ Feet From The	Line and 79	<u>70</u> F∞	t From The	<u>u</u> Line	
Section Township	, 25N	Range 5	NMPM. I	io Ai	cicis4	County	
II. DESIGNATION OF TRAN	SPORTER OF C	OIL AND NATU	RAL GAS				
Name of Authorized Transporter of Oil	or Conde	enemie KX	Address (Give address to who	( <del>-</del> - 1 1	6 1		
SIANT KETINING C	ghead Gas	or Dry Gas (XV)	Address (Give address to who			2 85255 is to be serg)	
BAS COUDING OF	Now Moon	eo T	F.O. BOK 1899, 6	Sloome	IE E, NIM	187413	
If well produces oil or liquids	Unit Sec.	Twp. Rge.	Is gas actually connected?	When	7		
f this production is commingled with that i	from any other lease o	r pool, give comming!	ing order/number:	t			
V. COMPLETION DATA							
Designate Type of Completion	- (X)   Oil We	II Gas Well	New Well   Workover	Deepen	Plug Back   Sar	me Res'v Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	<u></u> ¶	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
in the state of th						•	
Perforations			·		Depth Casing S	hoe	
	TUBINO	. CASING AND	CEMENTING RECOR	D			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT .		
v. TEST DATA AND REQUES	ET FOR ALLOU	7 A D 1 E					
V. TEST DATA AND REQUES OIL WELL (Test must be after t	recovery of total volum	v ALDICE se of load oil and must	be equal to or exceed top allo	wable for this	depth or be for	full 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pu				
Length of Test	Tubing Pressure		Casing Besqure	1 9 6	Choke Size		
Length of Test	Tuong Flessule			-			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls. OCT	z 1990	Gas- MCF	•	
GAS WELL			OIL CO	N. DI		•	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMC	T. Q	Gravity of Con	deneste	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
reserred insection (hans) every by A						· · · · · · · · · · · · · · · · · · ·	
VI. OPERATOR CERTIFIC  1 hereby certify that the rules and regul	lations of the Oil Cons	ervation	OIL.COM	ISERV	ATION D	IVISION	
Division have been complied with and is true and complete to the best of my	knowledge and belief.	170E EDV75	Date Approve	d0	CT 0 3 199	30	
W.W. Baker			By	7.1	d		
Signature  J. E. Barton  Printed Name	Administra	tive Supr.		SUPERV	ISOR DIST	RICT #3	
9-10-90 Date		48-3120 elephone No.	Title	· · · · · · · · · · · · · · · · · · ·			

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.