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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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe. New Mexico, 87504-2088

| DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410                                 |                             | JEST F  | OR A                                    | LLOWA!                  | BLE A                                   | AND A           | AUTH       | 10RIZ  |             | N           |  |                   |                  |         |  |
|---|-----------------------------|---|---|-------------------------|---|-----------------|------------|--|-------------|-------------|--|-------------------|------------------|---------|--|
| I. Operator   | ND NATURAL GAS Well API No. |   |   |                         |   |                 |            |  |             |             |  |                   |                  |         |  |
| CONOCO INC  |                             | <del></del> .   |   |                         |   |                 |            |  |             | 30          | )-039-22                                     | 990               |                  |         |  |
| 10 Desta Drive St   | e 100W.                     | Midla   | and.                                    | TX 797                  | 705                                     |                 |            |  |             |             |  |                   |                  |         |  |
| Resson(s) for Filing (Check proper box) New Well                                  |                             | Change in   | Тпан                                    | corter of:              | Ц                                       |                 |            | se expla<br>autre i  | -           | <b>3</b> 4  | TNECDMA                                      | ידר אט דית        | טייים ר          | (TP     |  |
| Recompletion  | ies 🔲                       | TO MATCH THE C-104 INFORMATION TO THE ONGARD AUDIT INFORMATION SHEETS |   |                         |   |                 |            |  |             |             |  |                   |                  |         |  |
| Change in Operator  If change of operator give name                               | Casinghee                   | d Gas XX  | Conde                                   |                         |   |                 |            |  |             |             | <u> </u>                                     |                   |                  |         |  |
| and address of previous operator  II. DESCRIPTION OF WELL                         | ANDIE                       | A SE  |   | <del></del>             |   |                 |            |  |             |             | · · · <u></u>                                |                   |                  |         |  |
| Lease Name JICARILLA 20   | TE ID DEA                   | Well No. Pool Name, Includi   |   |                         | <u> </u>                                |                 |            |  |             |             | of Lease<br>Federal or Fed                   |                   | Lease No.        |         |  |
| Location  |                             | 11  |   | ORITH GA                |   | P-DAI           | KOTA.      | , WEST   |             |             | Federal or Fed                               | - I               | <u>:RAC</u>      | T 660   |  |
| Unit Letter   | . 990                       | )   | Foot F                                  | From The $\frac{S0}{2}$ | DUTH                                    | Line            | s and _    | 210  | 00          | _ Fe        | et From The .                                | EAST              |                  | Line    |  |
| Section 18 Townshi  | <b>p</b> 25                 | N   | Range                                   | 04                      | W                                       | , N             | мрм,       | RIC  | ARR         | IB/         | 4  |                   | <u> </u>         | County  |  |
| III. DESIGNATION OF TRAN  | SPORTE                      | R OF O  | IL AN                                   | ND NATU                 | RAL                                     | GAS             |            |  |             |             |  |                   |                  |         |  |
| Name of Authorized Transporter of Oil or Con-<br>GIANT REFINERY (009018)          |                             |   |   | XX                      | Address (Give address to which approved |                 |            |  |             |             | ••••   |                   |                  |         |  |
| Name of Authorized Transporter of Casing  |                             | P.O. BOX 338, BLOOMFIE!  Address (Give address to which approved      |   |                         |   |                 |            |  |             |             |  |                   |                  |         |  |
| CONOCO, INC (005097)  If well produces oil or liquids,                            | ) Unit                      | Sec.  | Two                                     | P 200                   | +                                       |                 | ra di      |  |             | W,          | MIDLANI                                      | ), TX 79          | <del>3</del> 705 | )       |  |
| give location of tanks.   | E                           | 18  | 25N                                     | 04W                     |   | YES             |            |  | <u>i</u> ." |             | <u>.                                    </u> |                   |                  |         |  |
| If this production is commingled with that IV. COMPLETION DATA                    | from any oth                | er least or   | pool, gi                                | ive comming             | ing ord                                 | or mani         | ber:       |  |             |             |  |                   |                  |         |  |
| Designate Type of Completion  | - (20)                      | Oil Well  |   | Gas Well                | New                                     | Well            | Work       | Over   | Deepe       |             | Plug Back                                    | Same Res'v        | Dif              | f Res'v |  |
| Date Spudded  |                             | pi. Ready to  | Prod.                                   | -                       | Total                                   | Depth           | <u> </u>   |  |             |             | P.B.T.D.                                     | L                 |                  |         |  |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation |   |   |                         |   | Top Oil/Gas Pay |            |  |             |             |  | Tubing Depth      |                  |         |  |
| Performing  |                             |   |   |                         |   |                 |            |  |             |             |  | Depth Casing Shoe |                  |         |  |
| rendrators  |                             |   |   |                         | _                                       |                 |            |  |             |             | Серы Сами                                    | <b></b>           |                  |         |  |
| UOLE RITE   |                             |   |   | ING AND                 | CEM                                     | ENTI            | NG RE      | CORU   | <u>ک</u>    | , la        |  | ACKS CEN          | /ENT             |         |  |
| HOLE SIZE   | SING & IC                   | SING & TUBING SIZE  |   |                         |   | DEPTH SET       |            |  |             |             |  |                   |                  |         |  |
|   |                             |   |   |                         |   | DEG2            |            |  |             |             | <del>9 1993 </del>                           |                   |                  |         |  |
|   |                             |   |   |                         |   |                 |            |  |             |             |  |                   |                  |         |  |
| V. TEST DATA AND REQUES OIL WELL (Test must be after r                            | ST FOR A                    | LLLOW .<br>stal volume  | ABLE<br>of load                         | )<br>I oil and must     | be equ                                  | al 10 or        | czceed     | op ello  | wable fo    |             | 98 00 22                                     |                   | <b>w</b> 3.)     |         |  |
| Date First New Oil Run To Tank  | Date of Te                  |   | ·                                       |                         | Produ                                   | cing Me         | thod (F    | low, pu  | mp, gas i   | jt, e       | tc.)   |                   |                  |         |  |
| Length of Test  | Tubing Pre                  | Casing Pressure   |   |                         |   |                 |            | Choke Size   |             |             |  |                   |                  |         |  |
| Actual Prod. During Test  | Oil - Bbls.                 | Water - Bbis.   |   |                         |   |                 |            | Gas- MCF   |             |             |  |                   |                  |         |  |
|   |                             |   |   |                         |   |                 |            |  |             |             |  |                   |                  |         |  |
| GAS WELL Actual Prod. Test - MCF/D  | Length of                   | Test  |   |                         | Rhia.                                   | Conden          | man/MA     | <b>KCF</b>   |             |             | Gravity of C                                 | ondensate         |                  |         |  |
| ACCEPTED THE PROOF  |                             |   | , · · · · · · · · · · · · · · · · · · · |                         |   |                 |            | Challe Committee |             |             |  |                   |                  |         |  |
| Testing Method (pitot, back pr.)  | Tubing Pro                  | Casing Pressure (Shut-in)   |   |                         |   |                 | Choke Size |  |             |             |  |                   |                  |         |  |
| VL OPERATOR CERTIFIC  | ATE OF                      | COME  | PLIA                                    | NCE                     | 1                                       | . 7             | Sir 7      | 'Y' YKI  | ecu         | · ·         | ATION  | DIVISI            |                  |         |  |
| I hereby certify that the rules and regul<br>Division have been complied with and |                             |   |   | ve                      |   |                 | JIL (      |  |             |             |  |                   | <b>٧١٧</b>       |         |  |
| is true and complete to the best of my  |                             |   |   |                         |   | Date            | App        | rove   | <u> </u>    | DE          | C 2 9 1                                      | 993               |                  |         |  |
| Buch  | and the                     | e lu  | ·                                       |                         |   | D. ·            |            | e  | 7           |             |  | acree .           |                  |         |  |
| Signature<br>BILL R. KEATHLY  | SR. RE                      | GUŁATO  | RY S                                    | PEC.                    |   | By_             |            |  | <u>ب م</u>  | <u> </u>    |  | -                 |                  |         |  |
| Printed Name<br>12-17-93  | 915                         | -686-5  | Tille<br>424                            |                         |   | Title           |            |  | our'er      | <b>4</b> √! | SOR DIS                                      | TRICT             | #3<br>           |         |  |
| Date  |                             |   | ephone                                  | No.                     |   |                 |            |  |             |             |  |                   |                  |         |  |

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.

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