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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-194 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

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

Santa Fe, New Mexico 87504-2088

| REQUEST FOR ALLOWABLE AND AUTHORIZATION  TO TRANSPORT OIL AND NATURAL GAS  |                           |                |                           |                           |  |                      |                       |                    |                  |            |  |
|--|---------------------------|----------------|---------------------------|---------------------------|--|----------------------|-----------------------|--------------------|------------------|------------|--|
| Operator Conoco Inc.   |                           |                |                           |                           | <u></u>  |                      |                       | API No.            | <del></del>      |            |  |
| Address  |                           | 01.7 - 1-      | 614                       |                           | V 7011   |                      | 1                     |                    |                  |            |  |
| - 3817 N.W. Expr<br>Reason(s) for Filing (Check proper box)  | essway,                   | UKIANO         | ma City                   | <u>, (</u>                |  | 2<br>her (Please exp | lain) .               | <del></del>        | <del></del>      |            |  |
| New Well Recompletion  | Oil                       | <del></del>    | ransporter of:<br>Dry Gas | 7                         | 111  | 24110                | dato                  |                    |                  |            |  |
| Change in Operator   |                           |                | Condensate [              | $\exists$                 | ETTE   | ctive                | aaie                  | . /-               | 1-91             |            |  |
| If change of operator give name and address of previous operator Mesa  | o Opera                   | ting Li        | mited Pa                  | ırt                       | nership  | , P.O. Bo            | x 2009,               | Amaril             | lo, Tex          | as 79189   |  |
| II. DESCRIPTION OF WELL  | AND LE                    |                |                           |                           | •  |                      |                       |                    |                  |            |  |
| Lease Name  Buttram  Well, No. Pool Name, Including Portugal Cliff State, Federal or Fee  Lease No.  |                           |                |                           |                           |  |                      |                       |                    |                  | esse Na    |  |
| Unit Letter  |                           |                |                           |                           |  |                      |                       |                    |                  |            |  |
| Section 19 Township 26N Range 610, NMPM, RIO ARRIBA County   |                           |                |                           |                           |  |                      |                       |                    |                  |            |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   |                           |                |                           |                           |  |                      |                       |                    |                  |            |  |
| Name of Authorized Transporter of Oil  |                           | or Condens     | <sup>40</sup>             |                           | Address (Gi  | ve edáress to w      | hich approved         | copy of this       | form is to be se | int)       |  |
| Name of Authorized Transporter of Casinghead Cas or Dry Cas XX El Paso Natural Gas   |                           |                |                           | X                         | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79999           |                      |                       |                    |                  |            |  |
| If well produces oil or liquids,<br>give location of tanks.  | Vale                      | Sec 1          | Typ.                      | Rge.                      |  | y connected?         | When                  |                    |                  |            |  |
| If this production is commingled with that i   | from any oth              | er lease or po | ool, give comm            | nIngi                     | ing order num  |                      |                       |                    |                  |            |  |
| Designate Type of Completion   | - (X)                     | Oil Well       | Cas Wel                   | ii                        | New Well   | Workover             | Doepen                | Plug Back          | Same Res'v       | Diff Res'v |  |
| Date Spudded   | Date Comp                 | l. Ready to F  | rod.                      |                           | Total Depth  | .l                   | <u> </u>              | P.B.T.D.           | 1,               |            |  |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Pormation   |                           |                |                           |                           | Top Oil/Cas Pay  |                      |                       | Tubing Depth       |                  |            |  |
| Ferforations   |                           |                |                           |                           | <u> </u>   |                      | <del></del>           | Depth Casing Shoe  |                  |            |  |
|  | 7                         | lining (       | TA CINICI AT              | VD.                       | CEMENT   | NO PECOP             | <u> </u>              |                    |                  | s in       |  |
| HOLE SIZE CASING &   |                           |                |                           | <u> </u>                  | CEMENTING RECORD DEPTH SET   |                      |                       | TO E GORG CEMENT U |                  |            |  |
|  |                           |                |                           |                           |  |                      |                       |                    | MAY 0 3 1991;    |            |  |
|  |                           |                |                           |                           |  |                      |                       | MATO               |                  |            |  |
| V. TEST DATA AND REQUEST FOR ALLOWABLE   |                           |                |                           |                           | <u> </u>   |                      | •                     | OIL                | Oll CON.         |            |  |
| 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 DISTRUES.)  Producing Method (Flow, pump, gas lift, etc.) |                      |                       |                    |                  |            |  |
| Date First New Oil Run To Tank  Date of Test   |                           |                |                           |                           | Producing M  | ethod (Flow, pi      | urp, gas lýt, e       | (c.)               |                  |            |  |
| Length of Test   | est Tubing Pressure       |                |                           |                           | Casing Freshire  |                      |                       | Choke Size         |                  |            |  |
| Actual Prod. During Test   | Oil - Bbis.               |                | Water - Bbls.             |                           |  | Gas- MCF             |                       |                    |                  |            |  |
| GAS WELL   | <b></b>                   | <del></del>    | <del></del>               |                           | · · · · · · · · · · · · · · · · · · ·  |                      | ·<br>·                |                    | •                |            |  |
| Actual Prod. Test - MCF/D Length of Test .   |                           |                |                           | Bbls. Condensate/MMCF     |  |                      | Gravity of Condensate |                    |                  |            |  |
| Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in) |                |                           | Casing Pressure (Shut-in) |  |                      | Choke Size            |                    |                  |            |  |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE   |                           |                |                           |                           | OIL CONSERVATION DIVISION  |                      |                       |                    |                  |            |  |
| 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. |                           |                |                           |                           | <b>MAY</b> 0.2.1001  |                      |                       |                    |                  |            |  |
| Wulsto   |                           |                |                           | i                         | Date   | Approve              | a                     |                    | 1                |            |  |
| Signature Signature  |                           |                |                           |                           | By But Share   |                      |                       |                    |                  |            |  |
| W.W. Baker Administrative Supr.  |                           |                |                           |                           | SUPERVISOR DISTRICT #3   |                      |                       |                    |                  |            |  |
| S-1-9/ (405) 948-3120  |                           |                |                           |                           | 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.