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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 Rottom of Page

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	71240	TO TRAN	ISPORT OIL	L AND NA	ATURAL GA	AS				
Operator							PI No.	200	•	
Conoco Inc.						130	0392/2	1430	ا	
3817 N.W. Expr	essway.	0k1ahor	na City. (	OK 7311	12					
Reason(s) for Filing (Check proper box)	<u>_</u>	<del></del>			her (Please expl	sin)				
New Well		Change in To								
Recompletion	Oil Casinghead	<b>, 75</b>	ry Gas 🔲 ondensate 🔯							
If change of operator give name			<u> </u>			<del> , ,</del>	···			
and address of previous operator	-	<del> </del>	<del></del>				·	<del></del>	<del></del>	
II. DESCRIPTION OF WELL	AND LEA			<del></del>		<del></del>	<del></del>			
AKI APACHE K		2A	oe) flame, includ	ing Formation	DE GAD		f Lease Federal or Fee D/AN	<u></u>	220 Na.	
Location Unit Letter	_: <u>//</u> °	70_F	eet Prom The	<u> 5</u> u	ne and 85	40800 Fe	et From The _	E	Line	
Section 4 Townsh	ip 26	,~ R	ange 5	ر د	MPM, K	Zio Ax	ERIBA		County	
III. DESIGNATION OF TRAN	NSPORTE!	R OF OIL	AND NATI	RAL GAS	}					
Name of Authorized Transporter of Oil		or Condensat			ive address to w	hich approved	copy of this fo	ym is to be s	ent)	
GIANT KEFINING CU.					23733 N. Soursoule Rd, Scorrsoule AZ 85255					
Name of Authorized Transporter of Chainghead Gas or Dry Gas (X)					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899 Bloom FIEL NM 874/3					
If well produces oil or liquida.			wp. Rge.	1 -	tly connected?	When		0//	<u> </u>	
If this production is commingled with that	from any other	er lease or por	ol, give comming				<del></del>			
IV. COMPLETION DATA		Oil Well	Gas Well	New Well		Deepen	Plug Back	Same Bee'v	Diff Res'v	
Designate Type of Completion	- (X)		J. J	I New Well	Warotei	Deepen	riug Back j	Salite Kes v	Dill Kes V	
Data 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							Depth Casing	Shoe		
	CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT .			
V TEST DATA AND REQUE	CT FOR A	I I AWAN								
V. TEST DATA AND REQUES OIL WELL (Test must be after t				he empl to a	e exceed ton all	umble for this	dends on he fo	- 641 24 hou	e-e 1	
Date First New Oil Run To Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pres			Casing The		· + 7 (28)	Chibbs Size			
				Kramine			Cha-MCF			
Actual Prod. During Test	Oil - Bbls.			Water - 4544 OCT 2 1990			Dar MCr			
GAS WELL					)II (()	4 004				
Actual Prod. Test - MCF/D	Length of T	est	<del></del>	Bbia. Condentation Ministry N. DIV.			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IANCE							
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my	knowledge das	d belief.		Date	e Appro <b>∜e</b> e	dU	T 0 3 19	90		
W W Boller										
J. E. Barton Administrative Supr.				By Sund						
Printed Name Title (405) 948-3120					TitleSUPERVISOR DISTRICT #3					
Parts		·		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 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.