

Submittal 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1900, 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. Box 2088  
Santa Fe, New Mexico 87504-2088

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

DISTRICT III  
1030 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|  |  |
|--|--|
| Operator<br>Conoco, Inc.   | Well A/N No.<br>3004522516   |
| Address<br>10 Desta Drive, Suite 100W Midland, TX 79705  |  |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)  |  |
| New Well <input type="checkbox"/>  | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/>  | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>                |
| Change in Operator <input checked="" type="checkbox"/>   | Effective Date <u>October 1, 1993</u>  |
| If change of operator give name and address of previous operator <u>ARCO Oil and Gas Company, 1816 E. Mojave, Farmington, New Mexico 87401</u> |  |

II. DESCRIPTION OF WELL AND LEASE

|   |                |  |  |                      |
|---|----------------|--|--|----------------------|
| Lease Name<br>Graham C WN Fed Com   | Well No.<br>1A | Pool Name, including Formation<br>Blanco Mesaverde | Kind of Lease<br>State, Federal or Fee | Lease No.<br>NM05791 |
| Location<br>Unit Letter <u>O</u> : <u>1050</u> Feet From The <u>South</u> Line and <u>1600</u> Feet From The <u>East</u> Line<br>Section <u>9</u> Township <u>27N</u> Range <u>8W</u> <u>NMPM</u> San Juan County |                |  |  |                      |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |                   |
|---|--|-------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/><br>Meridian Oil Company                | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 4289 Farmington, NM 87401 |                   |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 4990 Farmington, NM 87499 |                   |
| If well produces oil or liquids, give location of tanks.  | Unit<br><u>O</u>   | Sec.<br><u>9</u>  |
|   | Top<br><u>27N</u>  | Rge.<br><u>8W</u> |
|   | Is gas actually connected? <u>Yes</u>  |                   |
|   | When?  |                   |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

|                                    |                             |          |                 |          |        |                   |            |            |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v | Dif' Res'v |
| Date 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      |            |            |
|                                    |                             |          |                 |          |        | Depth Casing Shoe |            |            |

TUBING, CASING AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

V. TEST DATA AND REQUEST FOR ALLOWABLE

|   |                 |   |  |
|---|-----------------|---|--|
| OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this well) |                 | Producing Method (Flow, pump, gas lift, etc.) |  |
| Date First New Oil Run To Tank  | Date of Test    |   |  |
| Length of Test  | Tubing Pressure | Casing Pressure                               |  |
| Actual Flow During Test   | Oil - Bbls.     | Water - Bbls.                                 |  |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Flow - Test - MCF/D       | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Bill R. Keathly  
Signature  
Bill R. Keathly Sr. Regulatory Spec.  
Printed Name  
Date 10-7-93 Telephone No. 915-636-5424

OIL CONSERVATION DIVISION

OCT 7 1993

Date Approved

By

Bill R. Keathly  
SUPERVISOR DISTRICT #3

Title

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.