ubmit 5 Copies peropriate District Office ISTRICT I 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

DISTRICE 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

•	10 111	11101 0				Well A	No.		, , , ,	
Operator Conoco Inc.		·					30-04	5-06	0118	
Address 3817 N.W. Expre	sswav. Okla	homa Ci	ity, Ok	73112						
Reason(s) for Filing (Check proper box)	. ssway y out a			Other	(Please explai	in)			}	
	Change	la Transport	er of:						1	
New Well		Dry Gas	r-1	FIFE	ctive.	date	7-1	-51	l	
Recompletion	Carlanhead Clas	Condens		_			·			
Change in Operator	Operating	imited	Partn	ership.	P.O. Box	2009,	Amarillo	, Texa	s 79189	
and accepted on Providence of Street		Limitee	1 4 4 6 6 6			<u> </u>				
U. DESCRIPTION OF WELL	ANU LEASE	Dool Nee	ne Inchedia	g Pormation		Kind of	Lease		se No.	
State Com	AI 33		Basi	n Da	Kota	State,	oderal or Fee	E 10	710-1	
Location Unit Letter	, 1190	Feet Pro	m The S	neth um	and 16	50_ F∞	t From The	Wes	+ Line	
	0 11 11		_	1			an J	unn	County	
Section 39 Township	, 27N'	Range	911	, NA	лрм,	ಲ	2211 0	11141	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF	OIL AND	NATU	RAL GAS Address (Give	address to wh	ich approved	copy of this for	m is to be se	nt)	
			XXI	Box 338, Bloomfield, New Mexico 87413						
Giant Refining, Inc.	Address /G/u	Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX					P.O. Box 1492, El Paso, Texas					
El Paso Natural Gas				le gas actually	v connected?	When)			
If well produces oil or liquids, give location of tanks.	Well brounces out or industry				e S		10-9-64			
				L	<u> </u>					
If this production is commingled with that	from any other lease	ot boot' \$140	- commungi	ing older main						
IV. COMPLETION DATA	OII W	ell G	las Well	New Well	Workover	Deepea	Plug Back	same Res'v	Diff Res'v	
Designate Type of Completion				BUTTER STORE	<u> </u>	<u> </u>	lanen-L			
Date Spudded	Date Compl. Read	y to Prod.		Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas	Pay		Tubing Depth				
	<u>.l</u>			<u> </u>			Depth Casing	Shoe		
Perforations								_ <	<u>~</u>	
		= =	10 1110	CTL ATTACTO	NO DECOR	D		3 6	\mathcal{H}	
TUBING, CASING AND				DEPTH SET A				ACMS CEM	KN1	
HOLE SIZE CASING & TUBING SIZE										
				ļ	··	<u></u>	<u> </u>	1091		
						1%(-	WYA 0 3 1321 DIA.			
						<i>Hn</i>	MAY 0 3 15 DIV			
		::: : :: :: ::						114.		
V. TEST DATA AND REQUE	ST FOR ALLO	WABLE				tamakta Can thi		MIL 23ho	urs.)	
OIL WELL (Test must be after	recovery of total volu	me of load o	oil and must	be equal to o	r exceed top all lethod (Flow, p	OWOOLE JOT IN	Total Park	131		
Date First New Oil Run To Tank	Date of Test			Producing M	seunod (<i>r 10</i> W, p	nemp, gaz iyi,	····^ /			
							Choke Size			
ength of Test Tubing Pressure				Casing Press	NITS		CINE SILE			
7							Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			OM- WCL			
	1									
							•	•		
GAS WELL				Bhi Cant	nate/MMCF		Orawity of C	ondensate		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			of other residence are			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
	<u>_l</u>			-\						
VI. OPERATOR CERTIFIC	CATE OF CO	MPLIA	NCE	H		NSEDV	MOITA	DIVISI	ON -	
t hereby cartify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above				MAY 0 3 1991						
is true and complete to the best of my	y knowledge and beli	ef.		Dat	e Approv	ed				
/					F F	•		1 2	•	
Ww. Boles					By But) Chang					
Signature Comme										
W.W. Baker Administrative Supr.					SUPERVISOR DISTRICT #3					
Printed Name	/4021	Title	20	Title	θ					
5-1-71	(405)	948-317 Telephone		11		•				
Date		1 erebuone	140.	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.