Submit 5 Copies
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, Anesia, 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

I.		TO TRA	NSPC	ORT OIL	AND NA	TURAL G		VELV.					
Operator Conoco Inc.							Well API No.						
Address 3817 N.W. Expr	esswav.	0k1aho	oma C	ity. (	OK 7311	.2	<u>_</u>						
Reason(s) for Filing (Check proper box)	J					her (Please expl	ain)						
New Well		Change in	-			•							
Recompletion	Oil		Dry Gas					_					
Change in Operator	<del></del>		Conden			FEECT.	WE .	<u> 1-1-9</u>					
If change of operator give name and address of previous operator Mes	a Operat	ting Li	mite	d Part	nership	, P.O. Bo	x 2009,	Amarill	lo, Texa	as 79189			
II. DESCRIPTION OF WELL	AND LE			****									
Lesse Name  MUSE FEDERZA	Well No. Pool Name, Includi							of Lease No. Federal or Fee 1082					
Location						<del></del>							
Unit Letter	_:7	30	Feet Pro	om The	W Li	ne and <u>////////////////////////////////////</u>	6 F	et From The	_ بی	Line			
Section 33 Townsh	lp 2	7~	Range	//-	<u>س ,                                   </u>	IMPM,	SAN J	MAN		County			
III. DESIGNATION OF TRAN	SPORTE												
Name of Authorized Transporter of Oil Giant Refining, Inc.							Address (Give address to which approved copy of this form is to be sent)  Box 338, Bloomfield, New Mexico 87413						
	of Authorized Transporter of Casinghead Gas or Dry Gas XX												
El Paso Natural Gas					P.O. Box 1492, El Paso, Texas 79999								
If well produces oil or liquids, give location of tanks.				Rge.		ly connected?	When						
if this production is commingled with that	<del></del>	<del></del>	$\frac{\partial 7}{\cos \theta}$	commingi	ing order num	iber:							
IV. COMPLETION DATA													
Designate Type of Completion	- (X)	Oil Well	O	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
Date Spudded	Data Compi. Ready to Prod.				Total Depth	<u> </u>	J	P.B.T.D.	<u></u>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay	****	Tubing Dep	Tubing Depth				
Perforations					<u> </u>			Depth Casing Shoe					
					~~~								
	TUBING, CASING AND				1			·					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT .						
									<del></del>	·····			
V. TEST DATA AND REQUE					• • .		14						
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Tes		f load of	d and must	•				for full 24 hour	5.)			
Delo ( III ) TO TO TO THE LOS OF	Date Of 1680				Producing Method (Flow, purp, gas lift, etc.)								
Length of Test	Tubing Pressure				Casing Pressure D'ECEIVE								
Actual Prod. During Test	Oil - Bbis.				Water - Bbis		ľ	MAY 0 3 1991					
GAS WELL					<u> </u>			MAY	0 9 1931				
Actual Prod. Test - MCF/D	Length of I	est			Bbls. Conder	nsate/MMCF	<del></del>	OHE CO	Colombia D	V./			
					DIST. 3								
esting Method (pitot, back pr.)	, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in) Choke Size								
VI. OPERATOR CERTIFIC	ATE OF	COMPI	JAN	CE									
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved								
and the state of				!	Date	vhhiove		·	1 /				
Signature  W.W. Baker Administrative Supr.					By SUPERVISOR DISTRICT 13								
Printed Name			Title		Title		SUPER	IVISOR D	ISTRICT	/3			
Date	(40		hone 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.
- 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.