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, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	-	TO TRA	ISN	PORT OI	LAND NA	TURA	L GA	<u>s</u>	/				
Operator Conoco Inc.		We				11 API No. 30-045-06195							
Address 3817 N.W. Expressway, Oklahoma City, OK 73112													
Reason(s) for Filing (Check proper box)						et (Pleas	e explai	л) .					
New Well Change in Transporter of: Recompletion Dil Dry Gas													
Change in Operator XX Casinghead Gas Condensate CTFCCVVE 7-1-9/													
Change in Operator XX Casinghead Gas Condensate Condensate 7-1-9/ If change of operator give name and address of previous operator Mesa Operating Limited Partnership, P.O. Box 2009, Amarillo, Texas 79189													
II. DESCRIPTION OF WELL		SE											
Lease Name Well No. Pool Name, Includi 13A81~ TEDETRAL 13A81~ 3						_				of Lease No. Pederal or Fee 3050-0			
Unit Letter : 790 Feet From The Line and/560 Feet From The Line													
Section 32 Township 27N Range 1/W NMPM SAN JUAN County													
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS													
Name of Authorized Transporter of Oil or Condensate (XX) Address (Give address to which approved copy of this form is to be sent)													
Glant Refining, Inc.						Box 338, Bloomfield, New Mexico 87413							
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX El Paso Natural Gas						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,					is gas retually connected? When								
if this production is commingled with that i		32	ool. g	ive comming	ling order sym			l					
IV. COMPLETION DATA						·							
Designate Type of Completion	- (X)	Oil Well	-	Gas Well	New Well	Worko	ver	Doepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded Date Compl. Ready to Prod.					Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	F, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Ferforations						L				Depth Casing Shoe			
	CEMENTI	NO DEC	CORF		<u> </u>								
HOLE SIZE	ING & TU			CEMENTING RECORD DEPTH SET				I ENKANTENEN					
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								— <i>IIA</i>	MAY 0 3 1991				
v sect nata ann neadle	E EOD I		RIF							M DI			
V. TEST DATA AND REQUES OIL WELL (Test must be after re	be equal to or	exceed to	m allow	able for I		Styll & hour	e)						
Date First New Oil Run To Tank	Producing M				(c.)	34.0	.,						
Length of Test	Tubing Pressure				Casing Press	ıre	<u> </u>		Choke Size				
Actual Prod. During Test	Oil - Bbis.				Water - Bbla.				Gas- MCF				
GAS WELL													
Actual Prod. Test - MCF/D	Length of T	est .		Bbls. Condensate/MMCF				Orayin of Condensate					
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
	<u></u>				ļ,						·		
VI. OPERATOR CERTIFICATE OF COMPLIANCE					(אוו כ	ONS	SERVA	TION	טואופוט	N		
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 MAY () 3 1991								
is true and complete to the best of my k	nowledge and	d belief.			Date	Appro	oved		(HC) () ()	1331			
116.14.						• •			d	2			
Signature W.W. Baker Administrative Supr.						BySUPERVISOR DISTRICT #3							
Printed Name Title								SUPER	VISOR D	STRICT	f 3		
5-1-91 Date	(40	5) 948 Teles	-312		Title								
					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.