STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

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PRORATION OFFICE			_

OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND

This form is to be filed in compliance with RULE 1104.	PRORATION OFFICE	AUTHO	RIZATION TO	O TRANSI	PORT OIL AND NATURAL GAS
Address Po. O. Box 3249, Englewood, CO 80155 Reason(s) for him (Check proper box) New Well Change in Transporter of: Oil Dry Gas Recombelision Oil Dry Gas Well Name	Operator				MEGE NE
Address P. O. Box 3249, Englewood, CO 80155 Reasonist for filing (Check proper Box)		WINTE			
New Well Recompletion District Distr		wood, CO	80155		SEP 06 1985
Recompletion OI Casinghead Gas Concensate Well Name Change in Ownership olive name Casinghead Gas Concensate Conc	Reason(s) for filing (Check proper box)				Other (Please explain)
Change in Ownership Casinghead Gas Condensate Well Name Change of Ownership give name and address of previous owner El Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499 DESCRIPTION OF WELL AND LEASE Lasse Name Florance C LS 6 Blanco—MV State, Federal or Fee NM 03549 Location Unit Letter L 1750 Feet From The S Line and 990 Feet From The W Line of Section 30 Township 28N Range 8W NMPM. San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate W Connoco Inc. Surface Transportation Name of Authorized Transporter of Oil Or Condensate W El Paso Natural Gas Unit Sec. Twp. Rge. Unit Sec.	New Well Change	in Transporter of:			DIST. 3
change of ownership give name address of previous owner. El Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499 DESCRIPTION OF WELL AND LEASE Lease Name Florance C LS 6 Blanco—MV State, Federal or Fee USA State, Federal or Fee NM O3549 Location Unit Letter L 1750 Feet From The S Line and 990 Feet From The Line of Section 30 Township 28N Range 8W NMPM. San Juan County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil — or Condensale X COnoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas — or Dry Gas X El Paso Natural Gas If well produces oil or liquids, previous of the Oil Conservation Division have been compiled with that from any other lease or pool, give commingling order number NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given is true and complete to the best of my knowledge and belief. Description of the Oil Conservation Division have been compiled with and that the niformation given is true and complete to the best of my knowledge and belief. Description of the Oil Conservation Division have been compiled with and that the niformation given is true and complete to the best of my knowledge and belief. Description of the Oil Conservation Division have been compiled with and that the niformation given is true and complete to the best of my knowledge and belief. Description of the Oil Conservation Division have been compiled with and that the information given is true and complete to the best of my knowledge and belief. Description of the Oil Conservation Division have been compiled with and that the information given is true and complete to the best of my knowledge and belief. Description of the Oil Conservation Division have been compiled with and that the information given is true and complete to the best of my knowledge and belie	TO		\		Woll Namo
DESCRIPTION OF WELL AND LEASE Siste Federal or Fee Siste Federal or Fee NM O3549	Change in Ownership	asinghead Gas	L A J Con	densate	WELL ISOME
Lease Name Florance C LS 6 Blanco-MV State, Federal or Fee NM O3549 Location Unit Letter L 1750 Feet From The S Line and State, Federal or Fee NM O3549 Line and State, Federal or Fee NM O3549 Line and State, Federal or Fee NM O3549 Feet From The NM NM O3549 Line and State, Federal or Fee NM O3549 Line and State, Federal or Fee NM O3549 Feet From The Line and S Line and S Range S NM NM NM NM NM O3549 Feet From The NM NM NM NM NM NM O3549 Feet From The NM	f change of ownership give name ind address of previous owner	El Paso Na	tural Gas	s, P.O.	Box 4990, Farmington, NM 87499
State, Federal or Fee NM 03549			Pool Name II	ncluding Form	Tation Kind of Lease ILCA Lease No.
Unit Letter Line and 990 Feet From The Line and Feet From The Line and 990 Feet From The Line and Feet From The Line and 990 Feet From The Line and Peet From The Line and Feet From The Line and				•	State, Federal or Fee
Line of Section 30 Township 28N Range 8W NMPM. San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil = or Condensate X CONOCO Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas = or Dry Gas X E1 Paso Natural Gas If well produces oil or liquids, give location of tanks. If well produces oil or liquids, give location of tanks. It will production is commingled with that from any other lease or pool, give commingling order number. NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given is true and complete to the best of my knowledge and belief. Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499 Is gas actually connected? When Yes OIL CONSERVATION DIVISION APPROVED BY TITLE This form is to be filed in compliance with RULE 1104.	Location				
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil = or Condensate X Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas = or Dry Gas = X E1 Paso Natural Gas If well produces oil or liquids, give location of tanks. L 30 28N 8W Yes VI. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499 Is gas actually connected? When Yes OIL CONSERVATION DIVISION D	Unit Letter : _	1750	Feet From Th	neS	Line and 990 Feet From The
Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) P. O. Box 490, Farmington, NM 87499 If well produces oil or liquids, give location of tanks. It is production is commingled with that from any other lease or pool, give commingling order number. NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. BY TITLE This form is to be filed in compliance with RULE 1104.	Line of Section 30	Township	28N		Range 8W NMPM San Juan County
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Name of Authorized Transporter of Casinghead Gas or Dry Gas X E1 Paso Natural Gas Unit Sec. Twp. Rge. Is gas actually connected? When Yes Total Paso Natural Gas It well produces oil or liquids, give location of tanks. It will produce only of this form any other lease or pool, give commingling order number. NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. BY TITLE This form is to be filed in compliance with RULE 1104.	Name of Authorized Transporter of Oil 🗀 🔻 o	r Condensate X			
El Paso Natural Gas P. O. Box 4990, Farmington, NM 87499 If well produces oil or liquids, give location of tanks. L 30 28N 8W Yes If this production is commingled with that from any other lease or pool, give commingling order number. NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. BY TITLE This form is to be filed in compliance with RULE 1104.	Conoco Inc. Surface T	ransportat	ion		P. O. Box 460, Hobbs, NM 88240
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Sight Morking BY Supervisor 100 AU 5 TITLE Supervisor 100 AU 5 This form is to be filed in compliance with RULE 1104.	hereby certify that the rules and regulations	s of the Oil Conservati	on Division have b	een complied	,
Sight Morning TITLE Supervisor 1 de 2015 This form is to be filed in compliance with RULE 1104.	with and that the information given is true a	nd complete to the be	est of my knowled	ge and belief.	
Sion Morning This form is to be filed in compliance with RULE 1104.		/ -			Supervisor Little of 5
	JA MK				
	Show Illian	Sighature)			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accom-
Sr. Regulatory Analyst panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	Sr. Regulatory Analyst	;			panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
appiner :		Simp !			All sections of this form must be filled out completely for allowable on new and recompleted walls. Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter,

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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						·		
Testing Method (pilot, back pt.)	Tubing Presssure (Shut-in)	 	Casing Pressure (Shut-in	(ni-tud2)		Choke Size		
Actual Prod. Test - MCF/D	Length of Test		Bbis: CondensaterMMC	e:MWCF		Gravity of Cond	ensate	
SAS WELL								
Actual Prod During Test	Oti - Bbls.		Water - Bbls.			Gas · MCF		
Leagly of Test	Tubing Pressure		Gasing Pressure			Choke Size		
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow,)		s lift, etc.)			
V. TEST DATA AND REQUES	T FOR ALLOWABLE OIL WE)	(Test must be after recove depth or be for full 24 hou	r recovery of total If 24 hours	bsoi to amulov ir	oil and must be equ	ial to or exc ee d to	o allowable for
HOLE SIZE	CASING & TUBING	3	Ld30	DEPTH SET			SACKS CEMEN	1
	тивіме, с	ING, AND	СЕМЕИТІИВ ВЕС	S RECORD				
Perlorations		 				Depth Casing 5	904	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top OiliGas Pay			Tubing Depth		
Date Spudded	Date Compl. Ready to Prod.		Total Depth			.0.T.8.9	·	
Designate Type of Completi	(X) — nc	lieW a	New Well Worko	Монкочег	Deepen	bing Back	Same Res'v.	v'aser inid
IV. COMPLETION DATA								