Appropriate Dustres DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT E P.O. Drawer DD, Astesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brians Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

L		O ITY	1110	<u> </u>	TI OIL	- AND NA	HONALO	170	Wall /	W Ma				
Operator Inc.	1 <i>-</i> 9								3004522518					
Conoco, Inc. 50%	<u>U 13</u>								3004322318					
10 Desta Drive, Sui	+a 100k	u Mid	lan		TY 7	9705								
Reason(s) for Filing (Check proper box)	te 100	MIG	ı aıı	ų,	1	3703	ne Please exp	lair)						
New Well		Change in	Tran	прогла	r of:	_	•	·					`	
Recompletion	Oil		Dry	•		Effe	ective Da	ate	Oct	ober 1.	1993			
Change in Operator	Casinghead	G 🗀	Con	denma	• 🗅									
If change of operator give name ADCO	Oil ar	d Gas	Co	mpa	nv. 1	816 E. N	Mojave, Î	Farmi	inato	n. New	Mexic	0	87401	
me sources or previous operans				,				<u></u>					,	
IL DESCRIPTION OF WELL.										Kind of Lease Fed Lease No.				
Lame Name 13684						Chacra 81329			State, Federal or Fee			NM03604		
Marron WN Federal C	om		<u> </u>	Ote	ero (nacra	0132-					m O C	700-2	
Location	10	10	_	_	- SO1	1th	1490	Ω •	_	st Prom The .	Wes	t	Line	
Unit Letter N	:	10	_ Fod	l From	The	1011	M 484	<u> </u>	Pe	at Licen 1100				
Section 27 Township	27N	ī	Ras	-	8W	, N	MPM,			San	Juan		County	
					-									
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS														
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)														
	Address (Give address to which approved copy of this form is to be sent)													
Name of Authorized Transporter of Casing	Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company						990 Far	, NM 87401						
I well produces oil or liquids,					Is gas actually connected? When									
give location of tanks.	N	27	•	7N	8W		as of	thi	s da	te				
If this production is commingled with that i					ommine									
IV. COMPLETION DATA			·								·		~	
		Oil Well		Gas	Well	New Well	Workover	De	epes	Plug Back	Same Re	K 'Y	Dist Resv	
Designate Type of Completion			لب	Ļ		Total Name	<u> </u>	Щ.		12222	<u> </u>		<u> </u>	
Date Spudded	Date Comp	i. Ready to	o Pro	4		Total Depth				P.B.T.D.				
	Discount Brokering Suggestion					Top Oil/Gas Pay				Tubing Dep	<u> </u>		· ·	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					· · · · · · · · · · · · · · · · · · ·					_			
Perforations							7				Depth Casing Shoe			
TUBING, CASING AND														
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT				
						 								
					 				 					
										 				
V. TEST DATA AND REQUES	T FOR A	LLOW	ABI	E		<u> </u>								
OIL WELL (Test must be after to	covery of 10	tal volume	of lo	ad oil	and must	be equal to o	r exceed top al	lowable	for this	distant	for full 24	hour	1) 1 2 3 3 3 3 3 3	
Date First New Oil Run To Tsak	Date of Te					Producing M	lethod (Flow, p	rump, g	es lift, e		S			
								Challe Size						
Length of Test	Tubing Pressure					Casing Pressure				Cades Size	TOT 7 1893			
						Water - Bbls.				Constant				
Actual Frod. During Test	Oil - Bbls.					Wast - Box				THE GON THE				
										1	D'S	,		
GAS WELL		F				I Phile Conde	ame/MMCF			Gravity of	Condensa	4		
Actual Fr. Test - MCF/D	Leagun or	Length of Test					Bbla. Condensate/MMCF			And the second of the second s				
Testing Method (pilot, back pr.)	Tubing Pre	emire (Shu	1-0)			Casing Press	ure (Shut-in)			Choke Size				
torne bearing them, over his						}								
VI OPERATOR CERTIFIC	ATE OF	COM	PLI	ANC	Œ		0" 00	LOF		ATION		210	A.I	
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 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						OCT 71993								
is true and complete to the best of my knowledge and belief.						Date Approved								
greet & country														
The Really						By_	By Such thank							
Bill R. Kenthly St. Regulatory Spec.						SUPERVISOR DISTRICT #3								
Printed Name		_ /-	Tit		nf.	Title								
7.32-93	715	5 - 68.		14 Z ne No.	-4_									
Date		16	epro	ne 140'									كالمرانات المساور	

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.