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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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Alameda, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco, Inc.	Well API No. 3004524277
Address 10 Desta Drive, Suite 100W Midland, TX 79705	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Effective Date October 1, 1993	
If change of operator give name and address of previous operator ARCO Oil and Gas Company, 1816 E. Mojave, Farmington, New Mexico 87401	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schlosser WN Federal	Well No. 1E	Pool Name, including Formation Kutz Gallup	Kind of Lease State, Federal or Fee	Lease No. SF078673
Location Unit Letter K, 1795 Feet From The South Line and 1575 Feet From The West Line Section 10 Township 27N Range 11W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Meridian Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289 Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit K Sec. 10 Twp. 27N Rgn. 11W	Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X) X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2/19/93	Date Compl. Ready to Prod. 2/21/93		Total Depth 6350'		P.B.T.D. 6350'			
Elevations (DF, RKB, RT, GR, etc.) 6232' GR	Name of Producing Formation Kutz-Gallup		Top Oil/Gas Pay 5918'		Tubing Depth 5879'			
Formations 5918'-5932'					Depth Casing Shoe 6685'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24# K-55		531'		350			
7 7/8"	4 1/2" 10.5# K-55		6685'		1075			
	2 3/8" 4.7# N-80		5879'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 2/21/93	Date of Test 3/13/93	Producing Method (Flow, pump, gas lift, etc.) Swab Test	
Length of Test 7.5 hours	Tubing Pressure 0	Casing Pressure 250	Choke Size 48/64
Actual Prod. During Test	Oil - Bbls. 10	Water - Bbls. 13	Gas - MCF 143 MCF/D
GAS WELL		Gravity of Condensate	
Actual Prod. During Test	Length of Test	Bbls. Condensate/MCF	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Bill R. Kaathly Sr. Regulatory Spec.
Printed Name
9-30-93
Telephone No.
915-656-5424

DIST. 3 OIL CONSERVATION DIVISION

Date Approved OCT 7 1993
By
SUPERVISOR DISTRICT #3
Title

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.