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

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

OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE AND AUTHORIZATION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

I.		TO TRAI	<u>NSPORT OIL</u>	AND NA	TURAL G	· · -					
Operator Connect Inc.	Conoco Inc.							Well API No.			
Address							<u>30-045-069</u>	983	 		
10 Desta Drive S	te 100W	, Midla	nd. TX 79	705		····					
Reason(s) for Filing (Check proper box) New Well		Change in 1	Transporter of:	Oth	et (Piesse expi	lain)					
Recompletion	Oii	~~	Dry Gas								
Change in Operator	Casinghead	Gas 🗌	Condensate 🙀	EF	FECTIVE	NOVEMBEF	1, 1993				
If change of operator give name and address of previous operator									······································		
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name KRAUSE WN FED.	Well No. Pool Name, Include			90			of Lease No. Federal or Fee GR 078963				
Location	L	1	BASIN DAKO)1'A			XXXX	SF C)78863		
Unit Letter	: 1160	<u> </u>	Feet From The	OUTH Lin	e and1	160 Fe	et From The	VEST	Line		
Section 33 Townshi	p 28	N 1	Range 11	W N	MPM. S.	AN JUAN			County		
Joedan 104 man			Auge	, 10	WIFWL,				County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condens	-		e address to w	hich annound	name of this form	io to be see			
GIANT REFINING INC.						Address (Give address to which approved copy of this form is to be sent) P.O. BOX 338, BLOOMFIELD, NM 87413					
Name of Authorized Transporter of Casin	-		or Dry Gas 💢	Address (Giv	e address to w	hick approved	copy of this form is to be sent)				
EI. PASO NATURAL GAS C If well produces oil or liquids,		Sec. 1	Wp. Rge.	P.O. BOX 4990, FARMING Is gas actually connected?			NGTON, NM. 87499				
give location of tanks.	М	33	28N 11W	YE	-	-					
If this production is commingled with that: IV. COMPLETION DATA	from any othe	riense or po	ol, give comming	ing order numi	ber:						
M		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v		
Designate Type of Completion		<u>i</u>	<u> </u>	Total Domb	İ	<u>i i i i</u>			<u>i </u>		
Date Spudded	Date Compi	Date Compi. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations				_			Depth Casing Shoe				
	~	TUBING, CASING AND						04040 054547			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUES	T FOR A	LLOWAI	BLE	,			L				
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		load oil and must		exceed top allow, pu			full 24 hour:	r.)		
Date film few Oil Kills To Talls	Date of less				Troubling traction (1 cm) party (2 cm)				·		
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbis.			Water - Pols			Gas- MCF				
								<u> </u>			
GAS WELL		_									
Actual Prod. Test - MCF/D	Length of Te	est		Bbis. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
											
VI. OPERATOR CERTIFIC					DIL CON	ISERVA	ATION DI	VISIO	N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OCT 2 6 1993						
is true and complete to the best of my is	nowledge and	l belief.		Date	Approve	_					
But X	-an	el-		_		3 (Name 5	- Lun				
Signature BILL R. KEATHLY SR. REGULATORY SPEC.					SUPERVISOR DISTRICT #3						
Printed Name		Т	itle	Title			UH DISTRI				
10-25-93 Date	915-	-686-54 Teleph	24 one No.	i ilie.							

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.