Submit 5 Copies Appropriate District Office Appropriate DISTRICT | DISTRICT | P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	API No.			
Conoco, Inc.								300452	1288		
Address			_								
10 Desta Drive, Sui	ite 100k	i Mid	lan	d, TX 79	9705	et (Please expl	eie)				
Reason(s) for Filing (Check proper box)		Chare is	To-	sporter of:	س ن	er fl. nemet school				,	
New Well Recompletion	Oli		Dry		Effe	ctive Da	te Octo	ober 1,	1993		
Change in Operator 🔣	Casinghea			desents 🔲					•		
M change of country give same ADC	0 011 ar	nd Gas	Co	mpany, 18	816 E. M	ojave, F	armingt	on, New	Mexico	87401	
mes accrete or breatons obstance											
IL DESCRIPTION OF WELL	AND LEA	Well No.	T Brook	Name, Includia	ne Formation		Kind	of Lease	L	eass No.	
Lama Nama Krause WN Fed.	\u00e4	3E Basin Da			_			State, Federal or Pee		SF078863	
Location			<u> </u>								
Unit Letter C	. 8	35	_ Foot	Prom The N	orth 16	. and _181	0R	et From The .	West	Line	
			_	4 4 717				Sa	n Juan	County	
Section 33 Yownshi	28N		Reg	11W	, NO	MPM,	·	<u>sa</u>	Juan	COULY	
III. DESIGNATION OF TRAN	SPORTE	R OF O	TL A	ND NATUI	RAL GAS	• =	<u>.</u>				
Name of Authorized Transporter of Oil		or Conde	and a	X	Address (Give address to which approved copy of this form is to be sent)						
Meridian Oil Company					P.O. Box 4289 Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X				hy Cas 🔀	P.O. Box 4990 Farn						
ET PASO NATUTAL G	Unit	pany Sec	Twy	Rgs.		y connected?	Whee		7		
give location of tanks.	C	33	2	8N 11W	Yes		Ĺ			· · · · · · · · · · · · · · · · · · ·	
If this production is commingled with that	from any oth	er losse or	pool,	give commingli	ing order num	ber:					
IV. COMPLETION DATA		Oil Well	· · ·	Gas Well	New Well	Workover	Deepee	Plus Back	Same Res'v	Diff Res'y	
Designate Type of Completion	- (X)	JOE WEE	' ¦	OES WOR	1464 H.	1 "			j		
Date Spudded	Date Com	L Ready t	o Prod		Total Depth	-		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Performices					L			Depth Casis	& Shot	<u> </u>	
		TUBING, CASING AND							SACKS CEMENT		
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SAUNO CEMENT		
	+										
											
		1100	ABI	Ē.	<u> </u>			<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FUR A	الال الماد مصالحة الماد	ABL Alba	iti od oil and must	be equal to a	exceed top allo	rwable for th	s depok at be	for full 24 hou	m.)** [[
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Te		- -,		Producing M	ethod (Flow, p	onp, gas lift,	ec.)			
								Chois Size Control Statistics			
Longth of Test	Tubing Pro	COLUMN .			Casing Press				oot i	1953	
Actual Fred. During Test	Oil - Bbis.				Water - Bbla			Car Me	I CON	. L. W	
Lawrence Lone Popular 1 and								DIST. 3			
GAS WELL											
Actual Frod Test - MCF/D	Leagth of	Test			Bbls. Conde	sale/MMCF		Gravity of	Condensate		
	<u> </u>		<u> </u>		Carina Base	ure (Shut-in)		Choke Size			
Testing Method (pilot, back pr.)	Tubing Pr	ERETUR (20)	u- u)		Could Live	/					
M ODED ATOD CEDITIFIC	ATE OF	COM	PI I	ANCE	1				00000	211	
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and	that the info	matice gi	ves at	eve.		_	. 0	CT 7	1993		
is true and complete to the best of my	THOM/Scope	DE MA			Date	Approve	d	-			
	1	_ /					3	sd	/		
Signature					Dy						
Bill R. Keathly Sr Regulatory Spec.							SUPER	VISOR DI	STRICT	# 3	
Printed Name 7-30-53	4	5-68	اران د- کی	5424	Title	' 					
Date		Te	lephot	se No.							

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.