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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc.		Well API No. 30-045-27835
Address 3817 NW Expressway, Oklahoma City, OK 73112-1400		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> NOTE: New Connection For Coalseam Gas 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"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Roelofs "A"	Well No. 4	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078415
Location Unit Letter A : 1120 Feet From The North Line and 890 Feet From The East Line Section 9 Township 29N Range 8W, 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"/> N/A	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 30th St., Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 9
	Twp. 29N	Rge. 8W
	Is gas actually connected? No	
	When? ASAP	

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 7-24-90 7-17-90	Date Compl. Ready to Prod. 8-04-90		Total Depth 3,292'		P.B.T.D. 3,203'			
Elevations (DF, RKB, RT, GR, etc.) 6456' GR 6392	Name of Producing Formation Fruitland		Top Oil/Gas Pay 2,942'		Tubing Depth 2,926'			
Perforations 2942'-64', 2979'-90', 2992'-3002', 3005'-07', 3009'-15', 3020'-27'					Depth Casing Shoe 3,291'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8" 24#		DEPTH SET 292'		SACKS CEMENT 200 sxs			
7 7/8"	5 1/2" 17#		3292'		589 sxs			
	2 3/8" 4.6#		2926'					

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 (if applicable) for the well)			
Date First New Oil Run To Tank	Date of Test 8/15/90	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size SEP 05 1990
Actual Prod. During Test	Oil - Bbls.	Water - Bbls. 3	GAS

GAS WELL

Actual Prod. Test - MCF/D 158	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 560	Casing Pressure (Shut-in) 560	Choke Size 3/4"

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.

Danny Frizzell
Signature
DANNY FRIZZELL
Printed Name
08-24-90
Date
(405) 948-3290
Telephone No.
GAS ACTIVITIES DIRECTOR
Title

OIL CONSERVATION DIVISION

Date Approved FEB 08 1991

By [Signature]
Title SUPERVISOR DISTRICT 13

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.

