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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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Conoco Inc.	Well API No. 30-045-27858
Address 3817 NW Expressway, Oklahoma City, OK 73112-1400	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

NOTE: New connection for coal seam gas

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Roelofs "B"	Well No. 7	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee Federal	Lease No. SF - 078415
Location				
Unit Letter <u>L</u> : <u>1,950</u> Feet From The <u>South</u> Line and <u>1,720</u> Feet From The <u>West</u> Line				
Section <u>15</u> Township <u>29N</u> Range <u>8W</u> , 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"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>El Paso Natural Gas Co.</u>	<u>30th Street, Farmington, NM 87401</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected?
		When ?
		No
		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 09/20/90	Date Compl. Ready to Prod. 10/09/90		Total Depth 3,153'		P.B.T.D. 3,081'			
Elevations (DF, RKB, RT, GR, etc.) 6,389' GR	Name of Producing Formation Fruitland		Top Oil/Gas Pay 2,896'		Tubing Depth 2,893'			
Perforations 2904-16', 2919-23', 2939-47', 2954-64', 2972-83', 2992-3014'					Depth Casing Shoe 3,130'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	250'	200 SXS
7 7/8"	5 1/2"	3,130'	1415 Ft ³
	2 3/8" Tubing	2,893'	

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	Date of Test 10/10/90	Producing Method (Flow, pump, gas lift, etc.) Flow
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls. 0

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NOV 19 1990

GAS WELL

Actual Prod. Test - MCF/D 1314	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 3
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 710	Casing Pressure (Shut-in) 714	Choke Size 1/4"

OIL CON. DIV
DIST. 3

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.

W. Baker
Signature
W. W. Baker Administrative Supervisor
Printed Name
11/09/90
Date
(405) 948-4859
Telephone No.

OIL CONSERVATION DIVISION

DEC 14 1990

Date Approved

By E. J. [Signature]

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.