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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

NOV 15 1990

OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Conoco Inc.	Well API No. 30-045-27889
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: NOTE: New Connection For Coalseam Gas
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"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Roelofs "B"	Well No. 8	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State-Federal or Fee	Lease No. SF-078415
Location Unit Letter B : 1150 Feet From The North Line and 1670 Feet From The East Line Section 22 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 B	Sec. 22
	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 7-28-90	Date Compl. Ready to Prod. 8-09-90		Total Depth 3,500'		P.B.T.D. 3,453'			
Elevations (DF, RKB, RT, GR, etc.) 6,729' GR	Name of Producing Formation Fruitland		Top Oil/Gas Pay 3,208' 3295		Tubing Depth 3,161'			
Perforations 3295-3304', 3308-38', 3342-62'					Depth Casing Shoe 3,499'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		275'		215 (circ)			
7 7/8"	5 1/2"		3,499'		615 (circ)			
	2 3/8" tubing		3,161'					

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 8/15/90	Producing Method (Flow, pump, gas lift, etc.) Flow
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls. 3

GAS WELL

Actual Prod. Test - MCF/D 670	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 525	Casing Pressure (Shut-in) 525	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 GAS ACTIVITIES DIRECTOR

Printed Name Title

8-24-90 (405) 948-3290

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 15 1990

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT # 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.