Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

	REQ					AUTHORI					
I. Operator		TO THA	MSI	PORT OIL	AND N	ATURAL G		API No.		<del></del> 1	
Conoco Inc.											
Address 3817 N.W. Expr	ocewa v	Oklah	oma	City (	OK 731	12			•		
Reason(s) for Filing (Check proper box)	essnay	, UKIAN	Oilla	City, C		ther (Please expl	ain)	<del></del>	·		
New Well		Change in			_ ^				_		
Recompletion Change in Operator	Oil Cadaaba	L ☐ ad Cas	Dry	Gas	(- F1	fective.	dote	: 7-,	1-91		
f change of operator give same Mog-					nershin	, P.O. Bo	x 2009.	Amarill	O. Texa	as 79189	
and address of previous operator.						,	2000,	711101111	-,		
II. DESCRIPTION OF WELL Lesse Name	AND LE	ASE Well No.	Pool	Name, Includ	ine Pormetice		Kind	of Justine	14	esse No.	
Dustin		17		Basil	n Da	kota	State,	of Lessa Language or Pea			
Location $ u$	//	040			mulh	10	200		111001	<u>i</u>	
Unit Letter			. Feet			ne and <u>/8</u>			WEST	Line	
Section O Townshi	24	IN	Rang	. 1211	<u></u>	NMPM,	San.	Juan		County	
HI DESIGNATION OF TRAN	SPODTI	ER OF O	II. A	ND NATTI	DAL GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate (XX) Address (Give address to which approved copy of											
Giant Refining, Inc.					Box 338, Bloomfield, New Mexico 87413  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas XXI						Box 1492,	• • •			nt)	
If well produces oil or liquids, Unive location of tanks.		Sec.	Twp		ls gas actus	gas actually connected? When		7			
f this production is commingled with that		l W	29			<u>es</u>	l	1//	4/63		
V. COMPLETION DATA	iroin any or	inci rouse Oi	poor, ;	BAA constmit	ing order and		<del></del>			·	
Designate Type of Completion	- (X)	Oll Well	Ţ	Gas Well	New Wel	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.	<del></del>	Total Depth	<del></del>	<u></u>	P.B.T.D.	L	<u></u>	
The state of the s					Too Oll/Clas Bail						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth ·			
Perforations					<u></u>	<del> </del>	<del></del>	Depth Casin	g Shoe		
		TUDDIC	CAS	ING AND	CEMENT	TNO DECOR	D			1 22	
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET			D SAUSEN ED			
	<del> </del>					· · · · · · · · · · · · · · · · · · ·		N	AY 0 3 1	991/	
								OIL CON DR			
V. TEST DATA AND REQUEST FOR ALLOWABLE									don't or he (DISTAR)		
OIL WELL (Test must be after recovery of total volume of load oil and must bate First New Oil Run To Tank Date of Test						dethod (Flow, p	emp, gas lift, e	s depin or be j dc.)	or year even	<b>B.</b> ,	
	·			A-4				· · · · · · · · · · · · · · · · · · ·			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Cuoke 2128		
Actual Prod. During Test	Oil - Bbls	•		<del></del>	Water - Bbi	4.		Gas- MCF	<del></del>		
	<u> </u>				<u> </u>			1			
GAS WELL Actual Prod. Test - MCF/D	11	la reservi			1802.72.3		· · · · · · · · · · · · · · · · · · ·	10	·		
Actual Flog. 16st - MCL/D	Length of Test  Tubing Pressure (Shut-in)				BOIL COROL	Bbla. Condensate/MMCF			Gravity of Condensale		
Feeting Method (pitot, back pr.)					Casing Pressure (Shut-in)			Choke Size			
					<u> </u>		<del></del>	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CON	<b>ISERV</b>	ATION I	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					.	MAY 0 3 1991					
is true and complete to the best of my i	mowiedge a	mg vellef.			Dat	e Approve			<u> </u>	<del> </del>	
ww Baker					D.	But But Shand					
Signature W.W. Baker Administrative Supr.					SUPERVISOR DISTRICT #3						
Printed Name			Title		Title	) <u></u>					
<u> </u>		05)_948	) – J I	4V	H		•				

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.