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

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

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	TRANS	SPORT OIL	AND NATUR	RAL GA		E1 11	,		
Operator Conoco Inc.	Conoco Inc.					Well A	IN NO.			
Address		01.1.1	014 0	v 70110						
3817 N.W. Expre	ssway, (UKlanom	a City, U	K / 3112 Other (PI	ease expla	in)				
New Well	C		asporter of:		•	• •	01	ai		
Recompletion XX	Oil		y Clas	Effec	nve	Late.	17-1	//	į	
Change in Operator	Casinghead C			nership, P.	O Ro	v 2000	Amarill	o Tev	as 79189	
and address of previous operator 1103 u			iteu raiti	iersnip, r.	0. 00.	x 2003,	AllaTTTT	0, 10,		
II. DESCRIPTION OF WELL A	- Demoster			of Lease No.						
Lesse Name Farminaton "C" (Com / Pool Name, Including						Pederal of Fee			
Location				-				!		
Unit Letter	: 142	5_Fe	et Prom The 🔼	nutto Line and	15	150 Fe	et From The	UBSE	Line	
Section 15 Township	29N	/ Re	nge 13 cu) NMPM		Sani	Tuan		County	
					·			· · · · · · · · · · · · · · · · · · ·		
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		OF OIL		RAL GAS	rees to wh	ich annemed	come of this fo	rm is to he se	nt)	
Giant Refining, Inc.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Address (Give address to which approved copy of this form is to be sent) Box 338, Bloomfield, New Mexico 87413					
Name of Authorized Transporter of Casingle	asinghead Gas or Dry Gas XX			Address (Give add	ich approved	copy of this form is to be sent)				
El Paso Natural Gas If well produces oil or liquids,	Unit Sec. Twp. Rgs.			P.O. BOX	El Paso When	, Texas 79999				
give location of tanks.	4		GN 13W	Ue5			10%	18-65		
If this production is commingled with that fi	rom any other	lease or poo	, give comming	ing order number:						
IV. COMPLETION DATA	······	Oil Well	Gas Well	New Well Wo	nkover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -			1	ii_	MEUVEL	Doepen	1 to B Dates	Sellie Nes v		
Date Spudded	Date Compl.	Ready to Pro	xd.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	lucing Form	Mica	Top Oil/Gas Pay			Tubing Depth ·				
Perforations							Depth Casin	g Shoe		
	CEMENTING	D	<u> </u>	 						
HOLE SIZE CASING 8				DEPTH SET			SACKS CEMENT .			
							·			
V TEST SATA AND BESTIES	T EOD AL	LOWAR	. 12				<u></u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after re				be equal to or exce	ed top allo	owable for this	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test				Producing Method						
1 A of Tool	Dalles December			Casing Pressure			to have seen		E IA	
Length of Test	Tubing Pressure			Caning Pressure)) E G	E # A		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			as-MCF	1001	<u> </u>	
				<u> </u>			MAY	0 3 1991	<u></u>	
GAS WELL Actual Prod. Test - MCF/D	Length of Te	et .		Bbls. Condensate/	VIIV CP		OIL C	ON.	HV.	
Actual Floor 1004 - MICHAE	Longui Gr 16			Doin Coucasian	inanici "	9 1 b. 6 p. de	1	DIST. 3	``	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
	<u> </u>			ļ			<u>]</u>			
VI. OPERATOR CERTIFICA				OIL	CON	ISERV	ATION	DIVISIO	ON /	
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 k	nowledge and	belief.		Date Ap	prove	d	MIUUI	והה		
WW Both				11.			5	-/		
Signature W.W. Baker Administrative Supr.				By		Bis				
Printed Name		TI	tle	Title		SUPERV	ISOR DIS	STRICT	#3	
5-1-91	(405	<u>) 948-:</u>	3120	11119						

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.