Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TO TRA	NS	SPORT OF	L AND NA	TURAL G						
Operator Conoco Inc.					API No. 30-045-08947							
Address	•	30-273 88 171										
3817 N.W. Expr Resson(s) for Filing (Check proper box)	essway,	0k1ah	oma	a City,				·-·				
New Well		Change in	Tim	nsporter of:		er (Please expl	aun) .	•				
Recompletion	Oil			r Gas								
Change in Operator A	Caninghead			ndenente		ECTEV				70100		
If change of operator give name and address of previous operator Mesa	Operat	ting L	11111	ted Part	nersnip	, P.U. BC	X 2009,	Amarıı	o, lex	as /9189		
II. DESCRIPTION OF WELL	AND LEA		1_			·						
TRIES FEDERAL Well No. Pool Name, Includ					ing Formation  DAKDTA			of Lease No. Federal or Fee 445		•		
Location									<u> </u>	<u>U</u>		
Unit Letter	_ :	90	. Fee	t Prom The	u	e and _/6.	<u>50</u> ,	eet From The	<u> </u>	Line		
Section 33 Township	30	من	Rar	nge /00	٥ .N	MPM.	SAN.	لمهديا		County		
H beardstation of the said												
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent)												
Giant Refining, Inc.					Box 338, Bloomfield, New Mexico 87413							
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX El Paso Natural Gas					Address (Give address to which approved copy of this form is to be sent)							
If well produces oil or liquids,						P.O. Box 1492, El Paso, Texas 79999  Is gas actually connected? When ?						
give location of tanks.	ioi	33	13	01/0	ye-	S	i	8-15	-62			
If this production is commingled with that I IV. COMPLETION DATA	irom any othe	er leane or	pool,	, give comming	ling order num	ber:	<del></del>	· · · · · · · · · · · · · · · · · · ·		<del></del>		
· · · · · · · · · · · · · · · · · · ·		Oll Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion - Date Spudded		l Bandu ta	لے	<u> </u>	Total Basel	Ĺ	<u>i                                     </u>	<u>i                                     </u>	<u>i</u>	<u>i</u>		
Date Spudded Date Compl. Ready to Prod.					Total Depth P.B.T.D.							
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Cea	Pay	· 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	Tubing Dep	Tubing Depth ·			
Perforations					<u> </u>	Dept				h Casing Shoe		
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CEMENTI				SACKO OFFICIAL			
HOLE SIZE CASING & TUBING SI.				IG SIZE	DEPTH SET			SACKS CEMENT .				
<u> </u>	<del> </del>				<del> </del>	<del></del>		-				
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	Æ	.l	•						
DIL WELL (Test must be after re Date First New Oil Run To Tank	7		of la	ad oil and mus					for full 24 hou	r <b>s.</b> )		
Date Link Let On Long 10 1 mix	New Oil Run To Tank Date of Test					Producing Method (Flow, purp, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Pressure			Chille Size	120 BIZO				
Actual Prod. During Test	A. During Test Oil - Bbls.				Water - Bbla.			A 6- Mag 991				
			, W	AYUSIS	DW L							
GAS WELL							Oll	CON	DIA D			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conder	mie/MMCF	•	कार्य	Sydenesia	•,		
Feeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
		·								•		
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives above					. `	OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved MAY 0 3 1991							
Wa Suke												
Signature Signature Signature					By Bin Share							
W.W. Baker Administrative Supr.					TitleSUPERVISOR DISTRICT #3							
5-1-91 Data	(40	5) 948	3-3		II I'III	•						
g/60.8		1 616	prion	<del>=</del> 140.	11							

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.