Submit 5 Copies
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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Conoco Inc.	
Address 3817 NW Expressway, OKC, OK 73112-1400	

Reason(s) for Filing *(Check proper box)*
New Well ☐ Recompletion ☐ Change in Operator ☐
Change in Transport of: Oil ☐ Dry Gas ☒ Casinghead Gas ☐ Condensate ☐
☐ Other *(Please explain)* Effective: 12-03-91

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Gage	1	Aztec Pictured Cliffs		

Location
Unit Letter C : 990 Feet From The N Line and 1650 Feet From The W Line
Section 33 Township 30N Range 10W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address *(Give address to which approved copy of this form is to be sent)*
Giant Refining, Inc. ☐ ☐	Box 338, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas or Dry Gas	**Address *(Give address to which approved copy of this form is to be sent)***
Conoco Inc. ☐ ☒	3817 NW Expressway, OKC, OK 73112-1400

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					Yes	

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

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations *(DF,RKB,RT,GR,etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Perforations			**Depth Casing Shoe**

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Producing Method *(Flow, pump, gas lift, etc.)*
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**

RECEIVED
FEB 12 1992
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pilot, back pr.)*	**Tubing Pressure (Shut-In)**	**Casing Pressure (Shut-In)**	**Choke Size**

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.W. Baker
Signature
W.W. Baker - Admin. Supervisor
Printed Name
01-27-92
Title
(405) 948-4859

OIL CONSERVATION DIVISION

Date Approved FEB 12 1992

By Frank T. Chavez

Title SUPERVISOR DISTRICT # 3