Subset 5 Coulos"
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Perm C-100 Revised 1-1-89 See Instructions at Rotton of Pro-

DISTRICT B P.O. Drawer DD, Astonia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

A.		1011	MINO	FUNI	<u>VII</u>	LANDIN	MIURA	<u> </u>						
Conoco, Inc.									ı	<b>APINo.</b> 300451	159	4	-	
Address 10 Desta Drive, Su	ite 100	W Mid	iland	d, TX	7	9705			<u> </u>			<del>*</del>		
Resecu(s) for Filing (Check proper box)							ther Please	explois)						
New Well				porter of:	_								•	
Recompletion	Oil Casinghe	ad Gas [	Dry (	Cos L Icomos [	<u></u>	Eff	ective	Date	0ct	ober 1,	_199	3		
If change of operator give same ARC	0 0il a	nd Gas	Con	mpany,	_1	816 E.	Mojave	Fan	mingt	on. New	Mex	cico	87401	
IL DESCRIPTION OF WELL														
Leses Name					actuding Formation					of Lease		Less No.		
Maddox B WAY Fed C	Com	1_1_	<u></u>	Bas	siı	n Dako	ta		See	Pederal or P	••	N	M0546	
Unit Letter N	_ :	850	_ Foot i	From The		Southu	ne and	L630	F	et Prom The		West	Line	
Section 13 Townshi	• 30N		Rang	• 13V	N	٠,	MPM.			S	an .	Juan	County	
			TT A1	NO NA S	<b>7</b> 11	DAT CAS								
III. DESIGNATION OF TRAN Name of Authorized Transporter of OE	SPURIE	or Conde			I UI			lo which	approved	copy of this	form is	10 be se	<b>P()</b>	
Meridian Oil Company						P.O. Box 4289 Farmington, NM 87401								
Name of Authorized Transporter of Casing	-			y Cas 🗔	2				• •	copy of this			-	
El Paso Natural G	as Co		Top			ls gas actual	BOX	4990	) Fai		on,	NM	87499	
give location of tanks.	N	13	30				Yes		i "	•				
If this production is commingled with that !	from any oth	er lease or	pool, g	ive comm	ناهدن	ing order num	sber:							
IV. COMPLETION DATA		Oil Well	· 	Gas Well		New Well	Workow		Despen	Plug Back	76	Back	Diff Res'v	
Designate Type of Completion	- (X)	Cu wes	' ¦	OES WEE	'	i ven ner	MOTOM	·   '	- mpp	i suit decr	1	Kesv	l l	
Date Spudded	Date Com	pi. Ready to	Prod	-		Total Depth			<del>,</del>	P.B.T.D.			<u></u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					1	Top Oil/Gas Pay				Tubing Depth				
Perforations	<u></u>									Depth Casi	od2 ye	•		
					_									
					D (	CEMENT				<del></del>	2421	2 253 45		
HOLE SIZE	CA	SING & TU	JEING	SIZE	ᅱ		DEPTH S	EI		<del> </del>	SACK	S CEME	:NI	
	<del>                                     </del>													
					$\Box$									
V. TEST DATA AND REQUES	T EOD A	TLOW	ARI.E							L		· · · · · ·		
OIL WELL (Test must be after to	covers of to	ed volume	of load	'oil and m	ust l	be equal to or	exceed top	ellowabi	le for this	depth or be	for full	24 hour	2.)	
Date First New Oil Rua To Tank	Date of Ter		<u> </u>			Producing M					7		200 m	
						Casing Pressure				Code Size				
Length of Test	Tubing Pro				ľ	Carried Lices	200				en er v		wan 🖺	
Actual Prod. During Test	Oil - Bbis.					Water - Bbis.	•			Gas- MCF	Uul	7	199 <b>3</b> .	
										<u> </u>	15 E-	C	- 121 V 8 J	
GAS WELL Actual Froit Test - MCF/D	Length of	-			1	Bbls. Conden	mis/MMCI	<del>,</del> -		Gravity of C	code	nst.	3	
,							·	• •	is the party	a the state of	<del></del>		,	
esting Method (pilot, back pr.)	Tubing Pre	cative (Shirt	-in)			Casing Press	in (Shut-in)			Choke Size				
VL OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE	$\exists$		<b>311 66</b>	1100	-0.44	TION	D 11 4	1010		
I bereby certify that the rules and regula					ļ	'		)NOE	ERVA	ATION	UIV	1210	N	
Division have been complied with and the is true and complete to the best of my lo			er adov	•		D	A	فدعد	OCT	7 19	93			
Bell	au	X				Date	Approv	ved _				<del></del> -		
Big & Jack	Ly_					By_		7	د بر		/			
Bill R Keeth N So Reen letery Spac.					SUPERVISOR DISTRICT #3									
Printed Name Title						Title			EHVIS	UH DIST 	HIC	: #3 		
9.30.93 Du	715-	484 - 1	<u>542</u> phops !	<del>4</del>										
		1 646	yan <b>es</b> (				<del></del>							

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.