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Appropriate District Office
DISTRICT |
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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

A.		VIII	11 101 O	VIL	, 1110 14/1	OI ING OF	<u> </u>				
Operator Conoco Inc.						Well API No. 30-045-23146					
Address	0.000	01/1-4	oma Ci	1+v 0	V 70112	· · · · · · · · · · · · · · · · · · ·		 _			
3817 N.W. Expr Reason(s) for Filing (Check proper box)	essway,	UKTAN	oma Ci	ty, u		st (Please expli	eial .				
New Well		Change is	Transport	er of:		-	-	, ,	, ,	,	
Recompletion	Oil		-		Ef	fective	e Du	C: 7	-1-91		
Change in Operator	Caringhea	d Cas 🔲	Condens	te 🔲	•						
If change of operator give name Mes	a Operat	ting L	imited	Partr	nership,	P.O. Bo	x 2009,	Amaril1	o, Texa	s 79189	
and address of previous operator 1983 II. DESCRIPTION OF WELL		-									
Lesse Name	well No. Pool Name, Includi						Kind	Kind of Lease State, Federal or Fee		ase No.	
Location	I	3	1	4511	2 Pak	ORC			<u> </u>		
Unit Letter	. /	830	Feet Pron	n The 🔏	orth um	and	795 Fe	et From The	cast	Line	
<i>A</i>		,		7			50 pJ	٠.		- .	
Section 20 Towns	10 301	Y	Range	100	/ N	MPM,	Sans	uan		County	
III. DESIGNATION OF TRAI	NSPORTE				RAL GAS		1.7.a.1.2	ann of this	in to be se	m()	
Name of Authorized Transporter of Oil or Condensate						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 Casinghead Gas or Dry Gas XX						Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas		·					Paso, Texas 79999				
If well produces oil or liquids, give location of tanks.	Sec. 20	Twp. 301/		is gas actually connected?		When	7				
If this production is commingled with that	from any oth			Comming)	I	· 					
IV. COMPLETION DATA											
Designate Type of Completion	1 - (X)	Oil Well	Cla	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	d. Ready to	Prod.		Total Depth	L	<u> </u>	P.B.T.D.	l	<u></u>	
					The All Value Inc.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations		·			L			Depth Casi	SIN	H'	
				 				* CE	A o	100	
	TUBING, CASING AND				CEMENTI				SACHELLEM	ENT	
HOLE SIZE CASING & TUBING				<u> </u>	<u> </u>	DEPTH SET	$-\!H$				
								-Win-	W.		
								OIL CON DIVE			
U SEET BITI IN BEAUE	CT FOR	TIOW	161 E		<u> </u>				013.00		
V. TEST DATA AND REQUE OIL WELL (Test must be after	DI FUK A	KULUUVI Kai volume	ADLE of load oil	l and must	be equal to or	exceed top all	owable for thi	s depth or be	for full 24 hou	rz.)	
Date First New Oil Rus To Tank	Date of Te		-,		Producing M	ethod (Flow, p	ump, gas lifte	nč.)		-	
Length of Test	Tubing Pre	Tubing Pressure				Ire		Choke Size			
Congress of the		tubing Flessorie									
Actual Prod. During Test	Oil - Bbls.	Oil - Bbia.);	Gas- MCF			
GAS WELL					 			•			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Cravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	ire (Shut-in)	_ 	Choke Size			
certail lands the control of the con										· ·	
VI. OPERATOR CERTIFIC	CATE OF	COMI	PLIAN	CE		N 001	JOPP'	ATION	חווייייייייייייייייייייייייייייייייייי	NAI "	
I hereby certify that the rules and reg	ulations of the	Oil Conser	rvation		11 9		NOFK A	AHON	DIVISIO	JIY - /	
Division have been complied with an is true and complete to the best of my			rea above			A		MVA U a	1001		
					Date	Approve	ed	MAY 0 3	1991		
Will fake					Bu		-	~	1		
Signature W.W. Baker	Admin	istrat	ive Su	pr.	By_	 	-		tany.		
Printed Name			Title		Title		SUPER	VISOR D	ISTRICT	13	
5-1-91 Date	(40	05) 940 Tel	ephone No		1		•				

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.