Submit 5 Copies
Appropriate District Office 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 Instructi

DISTRICT II P.O. Drawer DD, Artesia, 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 TO TRANSPORT OIL AND NATURAL GAS Well API No. Conoco Inc. 30-045-25254 Address 10 Desta Drive Ste 100W, Midland, TX 79705 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Operator EFFECTIVE NOVEMBER 1, 1993 Casinghead Gas Condensate 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 Lease No. MADDOX WN FED 4E State, Federal or Fee NM 0546 BASIN DAKOTA Location Feet From The WEST 850 850 Feet From The NORTH Line and Unit Letter Line 24 SAN JUAN 30 N 13 W , NMPM, Township Range 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) XX GIANT REFINING INC. P.O. BOX 338, BLOOMFIELD, NM 87413 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas P.O. BOX 4990, FARMINGTON, NM 87499 FL PASO NATURAL GAS CO If well produces oil or liquids, Twp. Rge. Is gas actually connected? When? give location of tanks. 24 30N | 13W YES D If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth Date Smudded P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **HOLE SIZE** CASING & TUBING SIZE 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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbis Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VL OPERATOR CERTIFICATE OF COMPLIANCE TOIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above OCT 2 6 1993 is true and complete to the best of my knowledge and belief. Date Approved . Signature BILL R. KEATHLY SR. REGULATORY SPEC. SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

10-25-93 Date

> 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

915-686-5424

Tille

Telephone No.

- 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.