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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

## DISTRICT E P.O. Drawer DD, Astonia, NM 88210

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>L</u>		TO TRA	NSPORT C	DIL AND NA	TURAL G					
Operator Conoco, Inc.	inc.						API No. 004526616			
Addres 10 Desta Drive, Su	ite 100	M Mid1	land TY	79705		· <del>-</del> · - · · <b>!</b> · · · <u>-</u> · ·	***			
Reason(s) for Filing (Check proper box)	100 100	n ma	idid, IA		es (Please exp	lain)				
New Well  Recompletion  Change in Operator	OII Casinghea		Transporter of: Dry Ges  Condonsets	Effe	ective Da	te Octo	ber 1, 19	993	•	
If change of operator give name ARC	0 0il aı	nd Gas	Company,	1816 E. I	Mojave, F	armingt	on. New M	exico	87401	
IL DESCRIPTION OF WELL										
Less Name Maddox WN Fed	Well No. Pool Name, Includ			Dakota	<del></del>		of Lease Federal or Fee	Less No. )546		
Location Unit Letter P	1	190	Feet From The	South Lie	790	)· <sub>E</sub>	et From The	Eas	st Line	
Section 13 Townshi			Rasge 13W		MPML			Juan		
					-		San	o a a i	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	ISPORTE	or Condens			e address to wi	hich approved	copy of this form	n is to be s	ent)	
Meridian Oil Comp	P.O. Box 4289 Farmington, NM 87401									
tame of Authorized Transporter of Casinghead Ges  or Dry Ges   El Paso Natural Gas Company				P.O.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990 Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit P		30N 13	e. is gas actual. W		When	7			
f this production is commingled with that  IV. COMPLETION DATA	from any other	er lease or p	ool, give commis	gling order num	)					
Designate Type of Completion	.00	Oil Well	Gas Well	New Well	Workover	Deepea	Plug Back Si	ume Res'v	Diff Res'y	
Date Spudded		Date Compl. Ready to Prod.				<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, stc.) Name of Producing Formation			matice	Top Oil/Ges	Top Ol/Gas Pay			Tubing Depth		
Perforations				<u> </u>				Depth Casing Shoe		
	CEMENTI	CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
				-	<u> </u>			<del></del>		
	<b></b>									
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	1		<del></del>				
IL WELL (Test must be after re	ecovery of lot	al volume of	load oil and mu					full 24 hou	P3.)	
Date First New Oil Rua To Tank	Date of Test	1		Producing Me	thod (Flow, pu	mp, gas lift, d		i Ala		
angle of Test	Tubing Pres	SUR!		Casing Pressu	Casing Pressure			Chicke Size		
Actual Frod. During Test	Oil - Bbls.	Oil - Bbis.			Water - Bbls.			G MCF 07 7 1993		
GAS WELL	<del></del>	<del> </del>		<u>.                                    </u>			- <del>- 18</del>	JN.		
Actual Frod. Test - MCF/D	Length of To	est.	····	Bbis. Condens	ate/MMCF		Gravity of Consensite			
esting Method (pitot, back pr.)	Tubing Pres	ens (Synt-e	1)	Casing Pressur	Casing Pressure (Shut-is)			Choke Size		
/L OPERATOR CERTIFIC	ATE OF	COMPL	IANCE			055)/	7101101			
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.				Date	Date Approved 0CT 7 1993					
Beer Leavely				Ву	By 3.1) d/					
Signature B: 11 R. Kez +44 Sr. Printed Name	Raguela	story.	Spec.			SUPERV	'ISOR DIST	RICT	# 3	
9.30.93 Date	915	-656- Teleph	5424 one No.	Title_	<u> </u>					

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.