Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

**OIL CONSERVATION DIVISION** 

Form C-104 Revised 1-1-89 See Instruction

DISTRICT II P.O. Deswer DD, Astonia, NM \$8210

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

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

I.	REQUES			1						
TO TRANSPORT OIL					Well API No.					
CONOCO INC		30-045-10154								
10 Desta Drive Ste	e 100W, Mi	dland,	TX 797	05						
Resecu(s) for Filing (Check proper box)		· · · · ·	-	Othe	et (Piesse expli	iit)	<del> </del>			
New Well			sporter of:	222			4 4000		!	
Recompletion	Oil Casinghead Gas	_ `	Ges MA	KHH	CTIVE DI	CKMBKK	1, 1993			
If change of contact give same	Caragonia Ca			·····						
and address of previous operator		- :								
IL DESCRIPTION OF WELL A	AND LEASE Well	No Boo	l Name, Includi	an Enmaion		Wind o	f Lesss	T T	sass No.	
STATE COM I	5 BLANCO MESA			Character 1			reducal or Fee B 11240			
Location H Unit Letter	. 1650		From The NO		990	) <sub>Fa</sub>	et From The R	AST	Line	
Section 36 Township	31 N	Ran	0	r.)		JUAN			County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil					e address to mi	أمسسم فوا	محدي مطرو لمد	ie to be se		
					Address (Give address to which approved copy of this form is to be sent)  P.O. BOX 338, BLOOMFIELD, NM 87413					
Name of Authorized Transporter of Casing	bead Gas	orD	bry Casy [				copy of this form		nt)	
CONOCO INC (005097)						·	MIDLAND	TX. 7	9705	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp	• -	Is gas actually YES	r connected?	Whee	7		! !	
If this production is commingled with that fi	· · · · · · · · · · · · · · · · · · ·				HET:		····		<del></del>	
IV. COMPLETION DATA				) <del></del>					<b>.</b>	
Designate Type of Completion -	(X)	Well	Gas Well	New Well	Workover	Despee	Plug Beck  Se	me Res'v	Diff Resiv	
Date Spadded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas F		Tubing Depth	shing Depth			
Perforations				Depth Casia				Shoe		
TUBING, CASING AND						D				
HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUES	TEOD ALL	WADI	F				<u> </u>			
OIL WELL (Test must be after re	covery of total vol	ume of los	ic. Id oil and must	be aqual to or	exceed top allo	wable for this	dept of the for	MI 24 Nou	AND SIME TO THE	
Date First New Oil Rua To Tank	Date of Test			Producing Me	thad (Flow, pu	mp, gas lift, a	tc.)			
			·	Casing Press:			Choke Size	77 (C) (A)	1,007	
Length of Test	Tubing Pressure									
Actual Prod. During Test	Oil - Bbis.			Water - B51s.			- MOIF C			
GAS WELL								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Actual Prod. Test - MCF/D	Leagth of Test			Bbls. Conden	MMCF.	4	CHANKS OF COR		•	
Testing Method (pitot, back pr.)	Tubing Pressure (	(Shut-in)		Casing Pressu	n (Shut-in)		Choke Size			
VL OPERATOR CERTIFICA	ATE OF CO	MPLI/	ANCE	7	ነው 'ድ <b>ረግ</b> ል	REDVI	ATION D	יואוכור	)NI	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				DEC 1 7 1993						
is true and complete to the best of my k		_	•	Date	Approve		.U 1 1 133	J		
	_			Date	• .					
Sight Zeathly				By_ Bull Chang						
BILL R. KEATHLY SR. REGULATORY SPEC.				SUPERVISOR DISTRICT #3						
Printed Name 12-16-93	915-686	יניד 5424–5	B	Title.	<del></del>					
Date	<del></del>	Telephon	e No							

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.