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

State of New Mexico Energy, Minerais and Natural Resources Department

DISTRICT II
P.O. Drawer DD, Astenia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

| I. Operator | M 87410 RE | QUEST | FOR A | ALLOW PORT (| ABLE AND | ND AUTH | HOF | IZATI(| NC | | | |
|---|----------------------|---|--------------------|-------------------|--|--------------------------------|---------------|-------------|--|---|------------|--|
| Conoco Inc. | | OIL AND NATURAL GAS Well API No. 30-045-11354 | | | | | | | | | | |
| Address 10 Desta Dr: | | W. Mic | lland. | TX 7 | 9705 | | | | 00 040-1 | .1004 | | |
| Reason(s) for Filing (Check pro | per bax) | | - | | | Other (Pleas | е епр | ain) | | | | |
| Recompletion | Oil | Chang | ia Transp Dry G | ~~~ | | | · | · | | | | |
| Change in Operator If change of operator give name | | thead Gas | Conde | _ | | | | | | | | |
| and somest of bisalons obstator. | | | | | | | | | | | | |
| IL DESCRIPTION OF WELL AND LEASE Lease Name DECKER PRIMO Well No. Pool Name, is | | | | | dies Ermai | | | - T | | | | |
| Location | | BLANCO MI | | | SAVERDE | | | | Kind of Lease State, Federal or Fee | | SF 08051 | |
| Unit Letter | :_16 | 50 | Foot Pr | om The | NORTH | Line and | 990 |) | _ | EAST | | |
| Section 19 | Towaship 3 | 2 N | Range | _ | W | | | N JUAN | 1 ook LIOHE 118 | PUOI | Line | |
| III. DESIGNATION OF | TRANSPORT | TD OF | | | | NMPM, | | | | | County | |
| Name of Authorized Transporter GIANT REFINING, I | of Oil | or Cond | OIL AN | XX | Address (C | ive address | to wh | ch appro | and come of this f | in to b | | |
| Name of Authorized Transporter of Casinghead Gas | | | or Dry (| Gas XX | P.O. BOX 338, BLOOMFIE Address (Give address to which approved to the providence of | | | | PDD 1111 01412 | | | |
| CONOCO INC If well produces oil or biquids, | Unit | Sec | | | 10 DE | | | 1000 | , MI DLAM | TX. | 19705 | |
| give location of tanks. | H | 19 | 32N | 10₩ | is gas active YE | S consected | 47 | Wb | 8 - 1-93 | | | |
| If this production is commingled w IV. COMPLETION DAT | ith that from any o | ther lease or | r pool, give | comming | ing order nu | ober: | | | | | | |
| Designate Type of Comp | | Oil Wel | I G | as Well | New Well | Workove | · [| Deepen | Dhua Davis | | | |
| Date Spudded | | Date Compi. Ready to Prod. | | | Total Depth | | | | Plug Back | Same Res'v | Diff Res'v | |
| Elevations (DF, RKB, RT, GR, etc. | | | | | | | | | | P.B.T.D. | | |
| Performings | | Name of Producing Formation | | | | Top Oil/Gas Pay | | | | Tubing Depth | | |
| | | | | | | | | | Depth Casing | Shoe | | |
| HOLE CITE | 7 | UBING, | CASINO | G AND | CEMENTI | NG RECC | RD | | | | | |
| HOLE SIZE | CA | CASING & TUBING SIZE | | | | DEPTH SET | | | | SACKS CEMENT | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| IL WELL (Test speet be | UEST FOR A | LLOWA | BLE | | | | | | <u></u> | | | |
| Date First New Oil Rua To Tank | Date of Tes | t . | 7 1000 00 0 | Ina must b | roducing Me | exceed top at thod (Flow, p | Howe parp, | de for this | depth of be for | full-24 hou | | |
| ength of Test | Tubing Pres | Tubing Pressure | | | | | | | | S. C. | | |
| ctual Prod. During Test | Oil - Phie | Oil - Bhis | | | | | | | | Choice Size AUG = 5 1993 | | |
| · · | OI FBOLL | | | | Vater - Bbis. | | | | Car- Mail | CON | . DIV | |
| GAS WELL ctual Prod. Test - MCF/D | | | | | | | | | | DIST. | 3 | |
| | residen of 1 | Length of Test | | | | Bbis. Condensus/MMCF | | | | Gravity of Condensate | | |
| sting Method (pitot, back pr.) | Tubing Press | Tubing Pressure (Shut-in) | | | | s (Shut-in) | | · | Choke Size | | • | |
| L OPERATOR CERTIF | FICATE OF (| COMPI | TANCE | | | | | | | | | |
| I hereby certify that the rules and r | regulations of the O | il Cassan | | ` | 0 | IL CON | ISE | RVA | TION DI | VISIO | N | |
| Division have been complied with and that the information given above a true and complete to the best of my knowledge and belief. | | | | | AUG - 1000 | | | | | | • | |
| 1472 | ed les | . | | | Date / | Approve | d _ | | ,u 3 133 | J | | |
| Signature BILL R. KEATH | | GULATOR | RY SPE | $\frac{1}{C_{-}}$ | Ву | | 3 | ٠٨) | Ohn. | _ | | |
| Printed Name 8-2-93 | | 915-686-5424 | | | | TitleSUPERVISOR DISTRICT #3 | | | | | | |
| Date | 713-686-3424 | | | | | TILLE | | | | | | |

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
- 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.