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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|--|------------------------------|
| Operator Conoco Inc. | | Well API No. 30-045-21634 |
| Address 10 Desta Drive Ste 100W, Midland, TX 79705 | | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | | |
| If change of operator give name and address of previous operator | | |

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OIL CON. D
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------|--|--|----------------------|
| Lease Name STATE COM J | Well No. 6A | Pool Name, including Formation PICTURED CLIFF | Kind of Lease State, Federal or Fee | Lease No. B 10938 |
| Location Unit Letter 0 : 850 Feet From The SOUTH Line and 1680 Feet From The EAST Line Section 36 Township 31 N Range 9 W , NMPL SAN JUAN County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|---|---|
| Name of Authorized Transporter of Oil GIANT REFINING, INC. | or Condensate <input checked="" type="checkbox"/> | 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 Casinghead Gas EL PASO NATURAL GAS | or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TEXAS 79999 |
| If well produces oil or liquids, give location of tanks. | Unit 0 Sec 36 Twp 31N Rng 9W | Is gas actually connected? YES When? 4-3-93 |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|---|---|-------------------------|----------------------|----------|--------|-----------|------------|---------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well XX | New Well XX | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v XX |
| Date Spudded 3-4-75 | Date Compl. Ready to Prod. 4-1-93 | Total Depth 5705 | P.B.T.D. 5694 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) GL 6366 | Name of Producing Formation PICTURED CLIFF | Top Oil/Gas Pay 3172 | Tubing Depth 3204 | | | | | |
| Perforations 3172 - 3204 PICTURED CLIFFS (DUAL COMPLETION W/ MESA VERDE) | | | Depth Casing Shoe | | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 13 3/4 | 10 3/4 | 162 | 125 | | | | | |
| 8 3/4 | 7 | 3443 | 288 | | | | | |
| 6 1/8 | 4 1/2 | 3245-5700 | 245 | | | | | |
| | 1.66 | 3204 | | | | | | |

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.)

| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|--|---------------------------|-----------------------------------|-----------------------|
| Actual Prod. Test - MCF/D 140 | Length of Test 24 HR | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) BP | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) 1010 | Choke Size 1/4" |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature BILL R. KEATHLY SR. REGULATORY SPEC.

Printed Name 4-28-93 Title 915-686-5424
Date 4-28-93 Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 28 1994

By [Signature]
Title SUPERVISOR DISTRICT #3

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.