Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 Instructions at Bottom of Page

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

1.	TO TRAN	ISPORT OIL	AND NA	TURAL G	AS				
Operator Conoco Inc.				NTNO. 0-045-27615					
Address	Oblaha	64	N 7211		100		70,0		
Reason(s) for Filing (Check proper box)	ressway, Oklahom	na City, C		ट er (l'lease expl	ain)	······································		······································	
New Well	Change In Tr	· •		•	•				
Recompletion	Oil D  Casinghead Gas C	ry Clas D	A	FEF	TUE	7-1-41			
If change of operator give name MeSand address of previous operator	a Operating Lim	ited Part	nership	P.O. Bo	x 2009,	Amarillo	, Texa	as 79189	
II. DESCRIPTION OF WELL								<del></del>	
Lease Name	Well No. P	ool blame, includ	~ - /	- C		of Leane	Le	ase No.	
FCFIAHERTE COL	м   /  ,	BARIN HI	EUITAN	D COAL	State	Federal of Fee	<u> </u>		
Unit Letter	_:_ 20/8 F	eel From The	5 ,,	e and	45-	eet From The	W		
Section 6 Townshi	2//				r	et Pom The		Line	
			7	мрм,	DAN	JALAN	<del></del>	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OIL or Condensate						<del></del>		
	Oi Coildean	° 🗀	Vootess (Pt)	e adaress to wi	uch approved	copy of this form	is to be sen	ત)	
Name of Authorized Transporter of Casinghead Cas or Dry Cas XX CONOCO Inc				Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, Unit Sec. Twp. Rge.			3817 N.W. Expressway, Oklahoma City, OK 73112 Is gas actually connected?   When ?						
give location of tanks.	<u> </u>				i	· ·			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or poo	ol, give comming	ing order num	ber:					
Designate Type of Completion	Oll Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
ate Spudded Date Compl. Ready to Prod.		Total Depth	<u> </u>	<u></u>	P.B.T.D.	<del></del>	<u> </u>		
Plant the bull be on			•			1.0,1.0,			
Elevations (DF, RKB, RT, GR, etc.)	ons (DF, RKB, RI, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe		
· · · · · · · · · · · · · · · · · · ·	TIRING C	ASING AND	CEMENT	NO PECOP	<del></del>		<del></del>		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		DEPTH SET			SAC	SACKS CEMENT .		
		1-1		-					
V. TEST DATA AND REQUES  OIL WELL (Test must be after r			he equal to on	exceed ton allo	uunkla Can eki	a dawl as ha far	6.11.24 8	- 1	
Date First New Oll Run To Tank Date of Test				thod (Flow, pu			WI Z4 ROLES	1.)	
Length of Test	**************************************					THE ECENTED			
cengui or rea	Tubing Pressure		Casing Pressure			The state of the s			
Actual Prod. During Test	Oil - Bbls.		Water - Bbla.		Cas-MCF MF	Y3 0 I	991		
GAS WELL	<u></u>		L				CON	. DIV.	
Actual Frod. Test - MCF/D	Longth of Test		Bbls. Conden	mic/MMCF	,	Oravity of Conc	ANKEL .	3	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Zalaz hazaia 78az lak		101041				
and the state of t		Casing Pressure (Shut-in)		Choke Size					
VI. OPERATOR CERTIFIC					0000	4=40,10		J	
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 i	inowledge and belief.	~416	Date	Approved	4	MAY 30 19	191		
Washika			Date	, phi nag		. \			
Signature Signature				By_ Bin) Chang					
W.W. Baker Administrative Supr.			SUPERVISOR DISTRICT #3						
5-33-9/	(405) 948-3 Telepho	3120	Title	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
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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.