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

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

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

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 8741	0		Mexico 87504-208	•	/		
I.	REQUEST	FOR ALLOWA	ABLE AND AUTH	ORIZATION			
Operator	1011	nansport o	IL AND NATURA		API No.		
CONOCO INC	<u> </u>	OT ASSIGNED					
10 Desta Drive S		land, TX 79	705		ARTIN DE SI		
Reason(s) for Filing (Check proper box			Other (Pleas	re explain)	77 489 12	r - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	3 3 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Recompletion	Change in Transporter of: Oil Dry Gas				We ore	7.19	03
Change is Operator	Casinghead Gas	Condenses			نه که اندا	1 8.10	₩.
If change of operator give name and address of previous operator		CIL CON. DIV					
II. DESCRIPTION OF WELL					\	7151. 3	
JOHNS FEDERAL	Well N		AVERDE (GAS)		of Lease Federal or Fee	1 -	78118
Location H	. 1765						10110
Unit Letter18	·	Feet From The N		R	set From The	151	Line
Section Towns	hip 32 N	Range 11	W , NMPM,	SAN JUAN	 		County
III. DESIGNATION OF TRA			TRAL GAS				
		r Condensate Address (Give addres		to which approved	which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casi	inghead Gas	or Dry Gas	Address (Give address	to which approved	copy of this form	is to be se	unt)
CONOCO INC (005097) If well produces oil or liquids,	Unit Sec.	Twp. Res.	10 DESTA DR	_ STE 100W		TX. 7	9705
give location of tente.	H 18	Twp. Rgs.	Is gas actually connect YES		1-15-93		
If this production is commingled with the IV. COMPLETION DATA	from any other lease (or pool, give comming	ling order number:				
	Oil W	ell Gas Well	New Well Worko	ver Deepen	Plug Back Sa	me Res'v	Diff Res v
Designate Type of Completion Date Spudded	`	į xx	ixx i				
11-7-93	Date Compl. Ready 11-14-93	to Prod.	Total Depth 6050		P.B.T.D. 598	20	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay 4932		Tubing Depth		
Perforations ATTO A SEFTIO SOCIO					5657 Depth Casing Shoe		
4932-5478 & 5570-5868					6008		
HOI E SIZE			CEMENTING REC		T		
HOLE SIZE	9 5/8	9 5/8		DEPTH SET		SACKS CEMENT	
8 3/4	7			3174		275 SX	
6 1/8	4 1/2		6050		250 SX		
V. TEST DATA AND REQUE	2 3/8" TE		5657				
OIL WELL (Test ment be after			be equal to or exceed to			ull 24 hour	3.)
Date First New Oil Rua To Tank 12-15-93	Date of Test 12-15-93		Producing Method (Flow, pump, gas lift, a FLOWING		tc.)		
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Pols		Gas- MCF		
GAS WELL					<u></u>		
Actual Prod. Test - MCF/D 1000	Length of Test		Bbls. Condensate/MMC	J.	Gravity of Coad	ensale	
Testing Method (pitot, back pr.)	Tubing Pressure (Shi	ut-in)	Casing Pressure (Shut-in)		Choke Size		
BACK PR	585		585		NONE		
VL OPERATOR CERTIFIC				ONSERVA	TIĐA DE	VIÇIA	ŇI.
I hereby certify that the rules and regularized by the Division have been complied with and	lations of the Oil Conse that the information si	rvatice ven above					IN
is true and complete to the best of my knowledge and belief.			Date Appro	Date Approved DEC 1 7 1993			
Lux Xo.				1	Λ		
Signature BILL R. KEATHLY	By 3 chang						
Printed Name 12-16-93	915-686-5	Title	Title	SUPERVIS	OR DISTR	ICT #3	3
Date		ephone 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.