Submit 5 Copies
Appropriate District Office
DISTRICT I
F.O. Box 1980, Hobbs, NM 88240
DISTRICT II
F.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISIÓN

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		O THAN	SPUHT UI	LANU NA	HUHAL G					
Operator Conoco Inc.					Well API No. 30-045-6008					
Address		O1.7 - I	- 644.	OV 701:			W-W40		7-3	
3817 N.W. Expr Reason(s) for Filing (Check proper box)	essway,	Uklahom	a City, (2 her (Please expl	lain)		······································		
New Well	(Change in Tre	nsporter of:		in the case cape					
Recompletion	Oil		y Gas							
Change In Operator A	Casinghead	Cas Co	ndensate	(-)	FECT	we-	4-1-	-91		
of change of operator give name Mesonand address of previous operator	a Operat	ing Lim	ndenmte [nership	, P.O. Bo	x 2009,	Amaril1	o, Tex	as 79189	
II. DESCRIPTION OF WELL									•	
Lesso Name STATE COM F	1		ol Name, Includ BANCO				of Leane Pederal or Fe		ease No.	
Location				_			· · · · · · · ·			
Unil Letter	_:90	C Fee	et From The	<u> </u>	e and	50 F	et From The	س	Line	
Section 36 Townshi	, <i>3</i> 2N	Ra	nge /3e	υ ,N	мрм.	SAN &	[MAN]		County	
III DECICALATION OF TRAN			A 3.150 3.1 A 100-01							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		r Condensate	XXI XXI		ne address to wi	hich approved	copy of this f	orm is to be se	nt)	
Glant Refining, Inc.					Box 338, Bloomfield, New Mexico 87413					
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX					Addres: (Give address to which approved copy of this form is to be sent)					
Well produces oil or liquids, Unit Sec. Twp. Ree.					PERSON DEALER, ALKANDELLER OUR 87/25					
f well produces off or liquids, Unit Sec. Twp. Rge.				Is gas actually connected? When			1 8-/7-53			
f this production is commingled with that							0 //			
V. COMPLETION DATA	γ			γ	γ-			,		
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ate Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RI, GR, etc.)	Name of Prod	ucing Forms	tion	Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations				<u> </u>			Death Codes Shee			
								Depth Casing Shoe		
	TU	BING, CA	SING AND	CEMENTI	NG RECOR	D		Ph 6 4	M6 (C) 1	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			10) 2	STOKECHMENT L.		
								1001		
						.	MAY 0 3 1991			
							All	CON	DIV	
V. TEST DATA AND REQUES OIL WELL (Test must be after re							Air			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	volume of to	aa ou ana musi		ethod (Flow, pu			T MAIN	<u>*)</u>	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
al Prod. During Test Oil - Bbls.			Water - Bbla.			Gas- MCF				
GAS WELL			· · · · · · · · · · · · · · · · · · ·	L						
					Bbls. Condensa e/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
A Total Court my										
I. OPERATOR CERTIFICA	ATE OF C	COMPLIA	NCE							
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION					
							MAY 0 3 1991			
				Date	Approved	d		1001		
Signature Signature				By_ Bin) de						
W.W. Baker Administrative Supr.				SUPERVISOR DISTRICT						
5-1-91	(405	948-3	120	Title.		· · · · · · · · · · · · · · · · · · ·			7.3	
Date		Telephon	e No.	11						

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.