Submit 5 Copies
Appropriate District Office
DISTRICT I
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, Artenia, 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 TO TRANSPORT OIL AND NATURAL GAS

I.		TO TRA	NSP	ORT OIL	L AND NA	TURAL C			====	·- ·			
Conoco Inc.						Well API No. 30-025-00627							
Address 10 Desta Drive S	Ste 100	W, Mid	land	TX 7	9705		····		0 020	30027			
Reason(s) for Filing (Check proper box) New Well		Change in	Transo	onter of:		er (Please exp		AME	FROM 1		3 TO MCA		
Recompletion	Oil Casinghe		Dry G	as <u> </u>	ΒΊ	Y 2 (EF	FECTIV	E 7	-1-92)				
If change of operator give name and address of previous operator											<u>.</u>		
II. DESCRIPTION OF WELL	AND LE	ASE											
Lease Name Linut MCA BATTERY NO 2	Well No. Pool Name, Includi 74 MALJAMAR						Kind of Lease No. State Federal or Fee LC 029509B						
Location J Unit LetterJ	19	80	Feet F	rom The	SOUTH Lin	e and	1980	Fee	t From The	EAST	Line		
Section 22 Township	, 1	7 S	Range	3	2 E , N	мРМ,	LEA				County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	ID NATU	RAL GAS								
Name of Authorized Transporter of Oil Syection		or Conden	sate		Address (Gir	e address to w	vhich appro	wed a	opy of this f	orm is to be s	eni)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)								
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?			hen ?	pa ?				
If this production is commingled with that if IV. COMPLETION DATA	from any ot	ner lease or	pool, gi	ve comming	ing order num	ber:							
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepe	a	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compi. Ready to Prod.				Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth					
Perforations					Depth Casing Shoe								
		TUBING.	CASI	NG AND	CEMENTI	NG RECOR	RD	- !					
HOLE SIZE						DEPTH SET				SACKS CEMENT			
	İ												
V. TEST DATA AND REQUES OIL WELL (Test must be after re					he equal to or	exceed top all	lauable for	thio .	dendh ar he l	or full 24 hou)		
Date First New Oil Run To Tank	Date of Te		oj ioua	ou and must		ethod (Flow, p				Or juit 24 hou	73.7		
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF				
					i								
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE													
i hereby certify that the rules and regula	tions of the	Oil Conser	vation			OIL CO	NSER'	VA					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved								
Sight Teastly						ODIGINAL SIGNED BY IFED Y GRAND							
Signature BILL R. KEATHLY SR. REGULATORY SPEC.					By_	By BETHER I SUPERVISOR							
Printed Name 2-5-93	91	L5-6 <u>8</u> 6-			Title								
Date		Tele	phone N	4 0.	<u> </u>								

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.