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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Company Trans					Well API No.						
Conoco Inc.								30-025-	00629		
Address 10 Desta Drive	Ste 10	OW, Mi	dland	l. TX	79705						
Reason(s) for Filing (Check proper box)	-			XX Out	et (Please expl	ain)				
New Well		Change is	а Тгалар	orter of:				ME FROM	MCA BTY	7 3 TO MC	
Recompletion	Oil		Dry G		B	TY 2 (EF	FECTIVE	7-1-92)	ion Dii	0 10 110	
Change in Operator	Casinghe	ad Gas	Conde	nmte 🗍							
f change of operator give name and address of previous operator										-	
I. DESCRIPTION OF WELL	L AND LE	EASE									
Lease Nameanit		No. Pool Name, Including Formation					of Lesse		Lease No.		
MCA BATTERY NO 2		36 MALJAMAR			(G-SA)			Federal or Fee LC 0295		029509B	
Location	4	000			MODER						
Unit Letter	:1	980	_ Feet Fi	rom The	NORTH Lin	e and	660 F	eet From The _	EAST	Line	
22 _		17 S			32 E		LEA				
Section Towns	hip	1, n	Range	· · · · · · · · · · · · · · · · · · ·	, NI	MPM,				County	
III. DESIGNATION OF TRA	NCPODT	ED OF O	TT AN	ID NATTI	DAL CAS						
Name of Authorized Transporter of Oil	TO TOKI	or Conde				e address to wi	tick approved	copy of this fo	rm is to be s	ent)	
Injection	L				,		• •	,,,,,			
Name of Authorized Transporter of Cas	inghead Gas		or Dry	Gas	Address (Giv	e address to wi	uch approved	l copy of this fo	rm is to be s	ent)	
•		٠	•)						,	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge	. Is gas autually connected?		When	When ?			
ive location of tenks.	i	İ	i	i		•	j				
f this production is commingled with the	nt from any o	ther lease or	pool, gi	ve comming	ing order numi	ber:					
V. COMPLETION DATA		Oil Wel	1 1 0	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completio		İ	i		<u> </u>			1	Carle Res	1	
Date Spudded	Date Con	npl. Ready t	o Prod.		Total Depth			P.B.T.D.			
						Top Oil/Gas Pay					
Elevations (DF, RKB, RT, GR, etc.)	Name of	Name of Producing Formation				Top Ott/Oas Pay			Tubing Depth		
Perforations						Depth Casing Shoe					
	TUBING, CASING AND										
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
											
	-										
					:						
V. TEST DATA AND REQUI											
OIL WELL (Test must be after			of load	oil and must					r full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of T	est			Producing Me	sthod (Flow, pu	mp, gas iyt, i	ecc.)			
Land of Tax	T	Tubing Pressure						Choke Size			
Length of Test	PILESPI			Casing Pressure							
Actual Prod. During Test				Water - Bbis			Gas- MCF				
Actual Floor During Feet	Oil - Bbls.				Water - Doia						
CACTURI I								<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	II amount ad	Т			Dhia Candan	AD/CE		TOWNS ACC			
Actual Prod. Test - MCP/D	Length of	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
Coming Mathed (cites head as)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
Testing Method (pitot, back pr.)	Method (puor, back pr.)					Casing Fleathe (Gilde-in)					
T OPEN TOP CERTIFIE	G 4 777 O	- CO) 6		.CD	ļ			<u> </u>			
VI. OPERATOR CERTIFI				NCE	(DIL CON	ISERV	ATION [אואוכוכ	N	
I hereby certify that the rules and reg											
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						A = -	يا.	FFR	1019	93	
	. دود.				Date	Approve	o				
ALL ST		00.				ODICINAL	CHENER I	Y JERRY SE	XION		
Signature BILL R. KEATHL	V CD	REGULAT	MDV 4	CDEC	∥ By_			JP BRVISQR			
	ı ok. l	TEGULAI		OLPO.		7 10	.7441131				
Printed Name	~	1F 000	Title		Title						
2-5-93	9	15-686-	<u>-5424</u> ephone N								
Date		1 (21	-parate N	₩.	<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.