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

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		O TRA	ANSPOR	T O	IL AND N	ATURAL (	GAS	•			
Operator Conoco Inc.					II API No.	API No.					
Address		30-025-00707									
10 Desta Driv Reason(s) for Filing (Check proper		Mid]	land, T	X 7	79705						
New Well	_	hanna i-	. T			ther (Please ex					
Recompletion	Oil	nange in	Transporter Dry Gas	ot:	CX R'	ORRECT L TY 2 (EF	KASE NA	ME FROM N	MCA BTY	3 TO MCA	
Change in Operator	Casinghead (	Gas 🗌	Condensate	$\exists$		II & (Br	PECITVE	1-1-32)			
If change of operator give name and address of previous operator											
•			<del></del>								
II. DESCRIPTION OF WI		Vell No.	Bool Name	Inches	4:						
MCA BATTERY NO 2		Well No. Pool Name, Inc. 202 MALJAMAF			( ~ ~			d of Lease Federal or Fe		Lease No. 0586990	
Unit LetterM	:660		Feet From T	he _	SOUTH L	ne and	660	Feet From The .	WEST	Line	
Section 26 Tow	wnship 17	S ——-	Range	3	2 E ,N	MPM,	LEA			County	
III. DESIGNATION OF THE	RANSPORTER	OF OI	II. AND N	A 1717 1	DAL CAS	TA				County	
tweether of vermionized transporter of (	Oil or	Conden	sale	AIU	Address (Gi	we address to H		ed copy of this fo	orm is to be s	teni)	
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.	Unnit   Se	c	Twp.	Rge.	is gas actuai	y connected?	Whe	n ?			
If this production is commingled with	that from any other is	ease or p	ool, give com	ominel	ling order num	ber					
IV. COMPLETION DATA							<del></del>				
Designate Type of Complet	ion - (X)	di Well	Gas W	'eli	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compi. Ready to Prod.				· · · · · · · · · · · · · · · · · · ·	Total Depth	I		P.B.T.D.	·		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth	1		
Perforations											
								Depth Casing	Shoe		
HOLE SIZE	TUB	TUBING, CASING AND				NG RECOR	D				
HOLE SIZE	CASINO	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								<del>!</del>			
7 TECT DATE AND DECK											
V. TEST DATA AND REQU OIL WELL Test must be off.	EST FOR ALL	OWAI	BLE		_						
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
		window (1110m, plantp, gas lyt, etc.)									
ength of Test	Tubing Pressure	Tubing Pressure				re		Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				<u> </u>		Gas- MCF			
GAS WELL		<del></del>			· · · · · · · · · · · · · · · · · · ·						
Actual Prod. Test - MCF/D	Length of Test	Length of Test				ate/MMCF		Gravity of Con	idensate		
esting Method (pitot, back pr.)	uot, back pr.) Tubing Pressure (Shut-in)				C						
					Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFI	CATE OF CO	MPL	IANCE								
I hereby certify that the rules and res	rulations of the Oil C	Onservati	ion		0	IL CON	SERVA	TION D	IVISIO	N	
Division have been complied with ar is true and complete to the best of m	id that the information is the control of the contr	n given a ief	above							•	
A. Com					Date /	Approved		FEB 10	1993		
Signature Signature					By ORIGINAL MONED BY JERRY SEXTON						
BILL R. KEATHLY SR. RECULATORY SPEC.					By ORIGINAL SENSE BY SERVICE STATES						
2-5-93	915-6	Tit 86–54			Title_						
Date		Telepho		-							

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.