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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>I</u>	1	TO TRA	NSP	ORT OIL	LAND NA	TURAL G	-				
Operator Conoco. Inc.							1	API No.	00 0 E0		
Address								0-025-4	08052		
10 Desta Drive We	st Midl	and.	TX	79705							
Reason(s) for Filing (Check proper box)		•	,		X Out	et (Please expi	oin)	0	ATTERY		
New Well	0.1	Change in	-			Change	MCA Un	it from	M#1 to #	ŧ2	
Recompletion Change in Operator	Oil Casinghead	Gas 🗌	Dry G Conde			,					
change of operator give name	- Canada		COLLEGE			~ · · · · · · · · · · · · · · · · · · ·					
ad address of previous operator											
L DESCRIPTION OF WELL	AND LEA		,						,		
esse Name Birg MCA Unit 2	Well No. Pool Name, Included 253 Maljamar			C			of Lease Federal or Fe	case No.			
ocation		بدائم ا	i iid.	ljamar	(U-5H)				LU-0	29405A	
Unit Letter E	_: 198	eo.	East E	roun The _N	l in	and460		eet From The	W	Lin	
	- · <u></u>		. 100 1	TOTAL THE _TA			F	eet Pioni The	<u>w</u>		
Section 20 Townshi	<u> 17-S</u>	<u> </u>	Range	32-	<u>E, N</u>	MPM,	EA		· · · · · · · · · · · · · · · · · · ·	Country	
I. DESIGNATION OF TRAN	CPADTE	POFO	II. AN	ID NATTI	DAI GAS						
lame of Authorized Transporter of Oil		or Conden		DIATO		e address to wi	hich approved	copy of this	form is to be se	pri) .	
Navajo Refining Compa					Drawer	159, Ar	tosis	UM GGO	10		
lame of Authorized Transporter of Casia;	ghéad Gas	×	or Dry	Gas	Address (Giv	e address to wi	tick approved	l copy of this ;	form is to be se	tret)	
Conoco Inc. Maljamar T voli produce cil or liquide ,		Sec.	Twp	Rise	Is gas actual	0× 90, H	aljamar When		38264		
e leasing of trains.	: :	28	- 179	i	YES		***	9/1/9	n .		
this production is commingled with that						per:					
/. COMPLETION DATA		1			1		·	1			
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded	Date Comp	i. Ready to	Prod.		Total Depth		i	P.B.T.D.	<u> </u>		
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
erforations								Depth Casing Shoe			
								Jopan Cara	-B 0.100		
	TUBING, CASING AND				CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
<u> </u>	ļ				<u> </u>						
						· · · •				-	
TEST DATA AND REQUES										•	
IL WELL (Test must be after n ate First New Oil Run To Tank	Date of Test		of load	oil and must		exceed top allow but			for full 24 hou	rs.)	
and I man 100 on Italian 10 I man	Date of Tes	•			i rousung ivi	11.00 (1.1011) p.	٠٠٠٠ ومد ١٩٠٠				
ength of Test	Tubing Pressure				Casing Pressu	ire		Choke Size			
	Oil - Bbls.			Was Dit			Gas- MCF				
ctual Prod. During Test				Water - Bbls.			Gen- IVICI				
GAS WELL	1				<u> </u>			_1			
ctual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	mte/MMCF		Gravity of (Condensate		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
					1						
I. OPERATOR CERTIFIC				NCE	(OIL CON	ISERV	ATION	חועופוכ	M	
I hereby certify that the rules and regular Division have been complied with and the				e	II						
is true and complete to the best of my l				-	Data	Approve	d		للازي د		
. / apriett	+1 1/	010	a		Dale	Applove	u	<u> </u>			
	1 UV7	CLY			Bv	4 A					
Signature	51				-, -		v ***		<u> </u>		
Printed Name	Prod. A	nalyst	Title	-	Title						
12-03-1990 Date		91568 Tele	phone I								
Date		I CIC	hmone (₩.	П						

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.