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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Antesia, 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 ALLOWARI F AND AUTHORIZATION

I.	, inde		NSPORT O	IL AND NA						
Operator Conoco, Inc.						Well API No. 12782				
· · · · · · · · · · · · · · · · · · ·							30025 850	14		
Address 10 Desta Drive W	est Mid:	land, T	X 79705							
Reason(s) for Filing (Check proper box)		· · · · · ·		X o	her (Please ex	plain)		ATTERY		
New Well			ransporter of:	•	Chang	je MCA U	nit from	•	#2	
Recompletion	Oil Casinghead	pr-7	Dry Gas 🗀 Condensate 🗀							
If change of operator give name						******				
and address of previous operator					7					
II. DESCRIPTION OF WELL	AND LEA							,		
Lease Name 671 MCA Unit, 2	Well No. Pool Name, Including 225 Maljamar							of Lease N Federal or Fee LC-0590		
Location		<u>-</u>						1		
Unit Letter	_ :25	1	Feet From The	N Li	ne and $\frac{25}{}$	i	Feet From The	W	Line	
Section 34 Townshi	<u>.</u> 17-9	ì ,	3 2-	-F .		LEA			_	
Section 34 Townshi	p -/	<u>, </u>	Range 32	<u> </u>	МРМ,	LEH			County	
III. DESIGNATION OF TRAN										
Name of Authorized Transporter of Oil	>4	or Condens		1			d copy of this fo		ent)	
Navajo Refining Company Name of Authorized Transporter of Casinghead Gas or Dry Gas					Drawer 159, Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)					
Conoco Inc. Maljamar	T .	P.O. Box 90, Maljamar, NM. 88264								
If well produces oil or liquids, give location of tanks.	produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually o				ly connected?					
If this production is commingled with that		28	17S 32E	YE:		00	9/1/90	<u> </u>		
IV. COMPLETION DATA	HOM any ous	ar neame our po	or, give commin	Bring order must				<u> </u>		
Desired Tree of Constain		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	· ·	1	<u> </u>	1.	<u></u>		<u> </u>		İ	
Date Spudded	Date Compi	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					<u> </u>					
							Depth Casin	Depth Casing Shoe		
	CEMENTI	NG RECO	RD							
HOLE SIZE		ING & TUB			DEPTH SET			SACKS CEMENT		
<u> </u>	 									
								-		
V. TEST DATA AND REQUES				_	_					
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		load oil and mus	,	exceed top at ethod (Flow, 1			or full 24 hou	rs.)	
	Date of Teat	•		i rowaring ivi	Outou (1 10m,)	, E	···			
Length of Test	Tubing Press	sure		Casing Press	ure		Choke Size	Choke Size		
Actual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF		
Actual Flod: During Test	Oil - Bbls.	- Bois.			Water - Bois.					
GAS WELL				<u> </u>						
Actual Prod. Test - MCF/D	Length of To	est		Bbls. Conder	sate/MMCF		Gravity of C	ondensate		
	T. 1	(0)						~		
Testing Method (pitot, back pr.)	k pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMPI	IANCE	 						
I hereby certify that the rules and regula			=	(DIL COI	NSERV	ATION [DIVISIO	N	
Division have been complied with and that the information given above										
is true and complete to the best of my k	nowledge and	l belief.		Date	Approve	ed			·	
Manatul	0/41				•		•		:	
Signature				∥ By_	<u>'-'</u>	· ·			<u> </u>	
Nannette Nelson Nil Printed Name	Erod. A		itle	T:A1 -					** ,	
12-03-1990		915686	6553	Title						
Date		Teleph	one 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.