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 Instruction

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

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

Sama Fe, New Mexico 87504-2088 REQUEST FOR ALLOWARIES AND ALITHORIZATION

<u>I.</u>		TOT	RANS	PORT (	NOLE A	NATURA	IUHIZA II GAS		N				
Operator					DIL AND NATURAL GAS				II API No.				
Conoco Inc.						30 005 04430							
Address	C±. 1	OOD M	רנ ב	1 my	ROGOE				00_020	24402	<u> </u>		
10 Desta Dri Reason(s) for Filing (Check proper		LOUW, M	lalan	a, IX	79705								
New Weil	oax)	•			$\overline{X}X$								
Recompletion	Oil	Change in Transporter of: Oil Dry Gas				CHANGE NAME FROM				M MCA BTY 3 TO MCA BTY 2			
Change in Operator		ghead Gas		camie	נ 1								
If change of operator give name				CERTE	<del></del>								
and address of previous operator _		<del></del>											
II. DESCRIPTION OF WI	ELL AND	LEASE											
Lease Name	Well No. Pool Name, Inch								of Lease				
MCA BTY 2		34	1   M	ALJAMA	R (G-S	<u>A)</u>		State	e, Federal or Fe	<b>★</b> [.(	0583950		
Unit Letter P		100			SOUT	4							
Unit Letter	<del></del> :		Feat I	from The _		Line and	15(	)i	Feet From The	EAST	Line		
Section 22 To	waship	17 S	Range	:	32 E	, NMPM.	LEA	Į.			_		
III. DEGraves and an array											County		
III. DESIGNATION OF TI Name of Authorized Transporter of (		TER OF	OIL AN	ND NAT	URAL G	AS							
Marah Rid		or Cond	Marke		Address	(Give address	to which a	pprove	d copy of this f	orm is to be .	teni)		
Name of Authorized Transporter of (	Casinghead Ga		or Dry	Gee	Address	(Ci							
Canica		نعر	u Di,		Address	(Uive address	to which a	pprove	d copy of this f	orm is to be a	ieri)		
If well produces oil or liquids,	Unit	Sec.	Twp	Rge	ls gas actually connected?		<u></u>	When	2				
give location of tanks.				1		-			- '				
If this production is commingled with IV. COMPLETION DATA	that from any	other lease o	or pool, gi	ve commin	gling order	number:							
TV. COVIFEETION DATA		1000											
Designate Type of Complet	ion - (X)	Oil We	in	Gas Well	New V	/ell Workov	er D	oepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Co	ompl. Ready	to Prod.		Total De	pth			BRER	L			
			_			•			P.B.T.D.		 		
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing i	Formation		Top Oil/	Top Oil/Gas Pay			Tubing Depth				
Perforations													
									Depth Casing	Shoe			
		TUBING	CASI	NG AND	CEMEN	TING PEC	YORD		<u> </u>				
HOLE SIZE	C	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
						DET MIGET				SACKS CEMENT			
<del>-</del>		<u> </u>							<del></del>				
	<del></del>												
. TEST DATA AND REQU	EST FOR	ALLOW	ARIF		<u> </u>								
OIL WELL (Test must be aft				il and muss	t he emini u	OF STORED ION	allauahla	ناه سک	- da-ak t - 6				
Date First New Oil Run To Tank	Date of 1	[est	7		Producing	Method (Flow	, pump, se	or inis 25 lift. e	tc.)	TJUL 24 HOU	rs.)		
					<u> </u>	_		•	,				
ength of Test	Tubing P	Tessure			Casing Pr	STATE			Choke Size				
actual Prod. During Test	Oil - Bhi	Oil - Bbis.				Water - Bbls			Carlos				
•	On - Bon	Ou - Bois.				AREL - DOIF			Gas- MCF				
GAS WELL					•				<u> </u>				
ctual Prod. Test - MCF/D	Length of	Test			Bbls Con	tenente/MMC	<del></del>		C=				
		-				Bbls. Condensate/MMCF			Gravity of Condensate				
sting Method (puot, back pr.)	ressure (Shu	l-m)		Casing Pressure (Shut-in)			Choke Size						
	<u>_</u>				i								
I. OPERATOR CERTIF				CE		0" 00							
I hereby certify that the rules and re Division have been complied with a	gulations of the	e Oil Conner	Vation			OIL CC	NSE	RVA	TION D	IVISIO	N		
is true and complete to the best of m	ny knowledge :	ommuon givi und belief.	EE ADOVE										
	_			i	∥ Da	te Approv	/ed _			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
Gill R. Searthy					_								
Signature BILL R. KEATHLY SR. REGULATORY SPEC.					Ву		<u> </u>	ومياني .		<u> </u>			
Printed Name			Title		li .		-		÷.				
3-5-93		915-686			Titl	e							
Date			phone No.										

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.