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

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Azzec, NM 87	410 RE	QUEST F	FOR ALLO	OWAE	SLE AND	AUTHOF	RIZATIO	ON				
Operator Conoco Inc.	TO TRANSPORT OIL						Well API No.					
Address 10 Desta Driv	e Ste 10	OW Mid	lland T		9705			30-025-	-24895	 -		
Reason(s) for Filing (Check proper b				A /8		h /71		·		<u>.</u>		
New Well Change in Transporter of Change in Transporter of Change in Operator Change in Operator Casinghead Gas Condensate												
of change of operator give name and address of previous operator	· · · · · · · · · · · · · · · · · · ·											
II. DESCRIPTION OF WE	LL AND L	EASE										
Lease Name MONSANTO STATE	10NSANTO STATE		Pool Name, TOWNS	, Includin END M	ding Formation MORROW			Kind of Lease State, Federal or Fee		Lease No. 5953		
Location Unit Letter	:1	980	_ Feet From 1		OUTH	e and	1980	E E	WEST			
Section 14 Tow	mat hip	16 S	Range	35	E	E 4100	EA	_ Feet From The		Line		
II. DESIGNATION OF TR	A NCDOD1	TD OF O	II AND N							County		
Name of Authorized Transporter of O CONOCO INC Surface	il ,—	or Conder	and XX	AIUR	Address (Giv	e address to w	hich appro	oved copy of this	form is to be s	eni)		
ame of Authorized Transporter of Casinghead		d Gas or Dry Gas		Z ·								
f well produces oil or liquids, ive location of traks.	Unit	Sec.	Tes 35	Rge.	is gas actually	Securetted?	W	bea ?				
this production is commingled with t	hat from any o											
V. COMPLETION DATA		Oil Well	Gas W	Vall	New Well	Workover						
Designate Type of Completi-				i		Workover	Deepe	n Plug Back	Same Res'v	Diff Res'v		
ate spaget	Date Co	npl. Ready to	Prod.	1	Total Depth			P.B.T.D.	•			
levations (DF, RKB, RT, GR, etc.)	Name of	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
erforations	- L.							Depth Casin	Depth Casing Shoe			
		TUBING,	CASING A	AND C	EMENTIN	NG RECOR	D					
HOLE SIZE	C	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
TEST DATA AND REQU							 .		-	-		
IL WELL (Test must be after the First New Oil Run To Tank	Date of T	otal volume o	f load oil and	must be	equal to or e	exceed top allo	wable for	this depth or be fo	or full 24 hour	·s.)		
	Date of 1			1	rooticing Met	hod (Flow, pu	mp, gas iy	i, eic.)				
ength of Test	Tubing Pr	Tubing Pressure			asing Pressur	e		Choke Size				
ctual Prod. During Test	Oil - Bbls	Oil - Bbls.			ater - Bbis.			Gas- MCF				
AS WELL				i		·	··	_1				
mai Prod. Test - MCF/D	Length of	Length of Test				te/MMCF		Gravity of Co	Gravity of Condensate			
ting Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
. OPERATOR CERTIFIC	CATE OF	СОМР	IANCE									
I hereby certify that the rules and reg Division have been complied with an	ulations of the	Oil Conserva	tion		0	IL CON	SER	/ATION [OIVISIO	N		
is true and complete to the best of my	knowledge a	nd belief.			Date A	Approved		DEC 2	१ १ १९			
SignatureBILL R. KEATHLY	SR. RI	SR. REGULATORY SPEC.			Ву				D BY JERRY SEXTOM			
Printed Name		т	Title	-	Title_		estro	: Suplatvisi	OB	·		
12-26-92 Date	91	5-686-54 Teleph	124 100e No.	-	1 IUG							

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.

