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, Antena, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		<u> </u>	10. 0	// OIL	7110 1171		\	Pl No.	··.		
Conoco Inc.						30-025-24984					
P. O. Box 460,	Hobbs,	New Me	exico	8824	0						
Reason(s) for Filing (Check proper box)					Othe	т (Please expla	in)	. <u> </u>	<u> </u>		
New Well		hange in T	•							į	
Recompletion U	Oil Carinahand	_	Dry Gas								
Change in Operator KX	Casinghead		Condens		norabin	D 0 F	2009	Amari	110 Tx	79189	
and address of previous operator <u>Messe</u> II. DESCRIPTION OF WELL A	· — ·		lmice	ed Part	nership	, P. O. E	30X 200	, Mail	110, 11.		
Lease Name Well No. Pool Name, Includi					ng Formation			Kind of Lease		ease No.	
					rinkard, West			State, Federal or Fee			
Location Unit Letter B	. 660	,	Feet Fro	on The	N Line	1980	Fe	et From The .	E	Line	
	Log										
Section 34 Township	, 16S		Range	37E	, NI	мрм,	nea			County	
III. DESIGNATION OF TRAN				NATUI	RAL GAS		:	Lanni of this f	ione is to be se		
ا لیا ا						Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, Texas 76024					
Koch Oil Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
Phillips 66 Natural Gas Company					311 Phillips Bldg., Odessa, Texas 7						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.			1 7			n? NA				
If this production is commingled with that f	 	34	16S	37E		es		NA NA			
IV. COMPLETION DATA	nom any ome	ricase or p	ioot, grvi	e comming:	ing order num						
Designate Type of Completion		Oil Well	G	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 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					Depth Casing Shoe				ng Shoe		
		IDD 10	G 1 0D	10 11	CE) CE) PET	NG PECOP		1			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEM	FNT	
HOLE SIZE	CASING & TODING SIZE										
V. TEST DATA AND REQUES				-	L	<u> </u>		_L			
OIL WELL (Test must be after re			of load o	oil and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<u> </u>										
Actual Prod. Test - MCF/D Length of Test					Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE		211 004	ICEDY	ATION	חוויורוכ		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and is true and complete to the best of my is	that the inform mowledge and	nation give I belief.	n above		Date	Approve	d	M	AY 9	1989	
u w. Baker						• •		un ov tet	DOV CENTAL	 M	
Signature W. W. Baker, Administrative Supervisor					By_	ORIG		T I SUPERV	RRY SEXTO		
Printed Name	505) 397	-5800	Title		Title						
Date		Telep	phone N	o.	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
- 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.