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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Linergy, 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

1.	<u>l</u>	U THANS	SPORT OIL	AND NA	I UHAL G		DI NI			
Operator  Contra Fo Evaloration Company						Well API No. 30-025-25031				
Santa Fe Exploration Address			106	<del></del>						
P. O. Box 1136, Roswe	11, NM	88202-1	136		(D1	f-:\				
Reason(s) for Filing (Check proper box) New Well		Change in Tra	nonceles of:		et (Please exp	iain)				
Recompletion	Oil		y Gas							
Change in Operator	Casinghead		nden sate							
If change of operator give name and address of previous operator Con	oco Inc	., P. O.	Box 460	, Hobbs,	NM 88	241				
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name West Knowles West Knowles Well No. Pool Name, Include Knowles D								of Lease Lease No. Federal or Fee		
Location Unit Letter H	. 19	80	et From TheN	orth ,	66	0.	et From The	East	Line	
2.4	- : 16S		37E		e and	<b>re</b> Lea	et riom The			
Section 34 Townshi	p 100	Ra	nge	, N	МРМ,		· · · · · · · · · · · · · · · · · · ·		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condensate			a address to v	hich approved	com of this f	orm is to be se		
	(XX		البيا.					orm is io be se 67201	<i></i> /	
					P. O. Box 2239, Wichita, KS 67201  Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Cising Phillips 66 Company	P.O. Box 5400, Bartlesville, OK 74005									
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually of						When	?			
give location of tanks.	H		6S   37E	Ye:			<u>'-28-75</u>			
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or pool	, give comming!	ing order num	ber:			•		
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>			<u> </u>		·	Depth Casin	g Shoe		
		IRING. CA	SING AND	CEMENTI	NG RECOR	RD	!			
HOLE SIZE	<del>,</del>	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
· · · · · · · · · · · · · · · · · · ·	ļ									
	ļ									
V. TEST DATA AND REQUES	T FOR A	LLOWABI	LE	<u> </u>			<u> </u>			
OIL WELL (Test must be after r				be equal to or	exceed top al	lowable for this	depth or be	for full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, p	nump, gas lift, e	IC.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gas- MCF			
GAS WELL	1			L						
Actual Prod. Test - MCF/D	Length of To	est		Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pivot, back pr.)	Tubing Press	sure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPLI	ANCE				. ~	00.000		
I hereby certify that the rules and regul					OIL COI	NSERV/	ATION,	DIVISIC	)N	
Division have been complied with and	that the inform	nation given a					J	411 T 3 .3	2	
is true and complete to the best of my	cnowledge and	Deitef.		Date	Approve	ed				
and A to sal						Onic	Signed h	v		
Signature (V. 1814)				By_		Pa	Signed b	· · · · · · · · · · · · · · · · · · ·		
Janet A. Royal /	Produ	ction A				Ğ	eologist			
Printed Name January 8, 1992	(505)	Tit 623-27		Title					<del></del>	
Date		Telepho								

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.