Sult mit 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 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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					IL / (IVD IV)	ATOTIAL C		Well API No.				
Conoco Inc.												
Address		<del></del>		30025250	5100							
P.O. Box 1959	Midlar	nd, TX	797	05								
Reason(s) for Filing (Check proper box	)				X O	ther (Please exp	plain)					
New Well		Change i	n Trans	sporter of:		•	•					
Recompletion	Oil		Dry		New o	as compa	ction	for	· · ·			
Change in Operator  If change of operator give name	Casingh	ead Gas	Conc	densate		,us come	CLIOII	for an e	xisting	well.		
and address of previous operator												
II. DESCRIPTION OF WELI	ABIDIT	3 A OED										
Lease Name	L AND LE	Well No.	D1	NT 7 1		·						
West Knowles					luding Formation			Kind of Lease State, Federal or Fee		Lease No.		
Location		1 6	<u>  Kr</u>	nowles	West Dri	nkard		Caus, recetat of 1	æ			
Unit Letter F		1880	<b>.</b>		Nonth	1.0	0.0					
	<u> </u>		_ rea :	From The _	North Li	ne and18	80	_ Feet From The	West	Line Line		
Section 35 Towns	nip ]	16S	Rang	<b>e</b> 37E	. N	IMPM.	Too			Country		
THE DESIGNATION OF THE	_						_Lea_			County		
III. DESIGNATION OF TRAINAME of Authorized Transporter of Oil	NSPORTI	ER OF O	IL A	ND NA'TI	IRAL GAS							
Traine or Authorized Trainsporter of Oil		or Condensate			Address (Give address to which approved			oved copy of this	d copy of this form is to be sent)			
Name of Authorized Transporter of Casis												
	-		or Dry	y Gas 🔯				wed copy of this		sent)		
If well produces oil or liquids,	ral Gas Company				4001	Penbrook	c, Ode	ssa, TX	79762			
give location of tanks.	i om:	Sec.	[Twp⊾ I	H.ge.	Is gas actually connected?			When ?				
If this production is commingled with that	from any ou	her lease or i	nool. ei	ive comming	ling order numi	Les her		May,	1990	<u> </u>		
IV. COMPLETION DATA	,	•••	poor, gr	c continuing	ung order mann	DET:						
Designate Toron of Grand		Oil Well	7	Gas Well	New Well	Workover	Deepe	n Plue Back	Same Res'v	bier n		
Designate Type of Completion	- (X)		İ		j		Dup	I I HUE DACK	Saute Kes v	Diff Res'v		
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P B.T.D.	<b></b>			
Elevations (DF, RKB, RT, GR, etc.)	117	<del></del>	·	·———				1				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				1	Top Oil/Gas Pay			Tubing Der	Tubing Depth			
erforations												
								Depth Casin	ig Shoe			
	т	TIRING /	CAST	NC AND	CTA CENTRO	IC PROOF			·			
TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE				NU AND			<u>D</u>	<del></del>				
	ONOMO & TOBING SIZE				DEPTH SET				SACKS CEMENT			
		<del></del>								<del></del>		
I TOPOTO DA ITO						<del></del>						
Y. TEST DATA AND REQUES	T FOR A	LLOWA	BLE									
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of tot	ial volume of	f load o	oil and must	be equal to or e	exceed top allow	wable for i	his depth or be j	or full 24 hou	ors.)		
ALC THE NEW OIL RUIL TO TANK	Date of Test	ŧ			Producing Met	hod (Flow, pun	np, gas lift	, eic.)				
ength of Test	h of Test Tubing Program				Ci D			<u> </u>	Ch. L. Ci.			
	Tuoing Fies	ubing Pressure				Casing Pressure			Choke Size			
actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCE	Gas- MCF			
- Julia.					Water Bola			Gas- MC1	Cas- MCI			
GAS WELL	<u> </u>						****			<del></del>		
ctual Prod. Test - MCF/D	Length of Te	est	<del></del> -		Dhia Candana	AD (CT	<del></del>			<u> </u>		
	Salgar of Teat			Ì	Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate			
ing Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size			
				!		(Orice III)		Choice Size				
I. OPERATOR CERTIFICA	TE OF	COMPI	TA NI	CE								
I hereby certify that the rules and regulat	ions of the O	il Conservat	ion	CE	0	IL CONS	SERV	'ATION [	NVISIC	INC		
Division have been complied with and that the information given above						0 0, 11	J		/	/1 N		
is true and complete to the best of my knowledge and belief.					Data /	Annroyad		•	والأوا			
Aldi Ola					Dale F	Approved		<u> </u>		<del></del>		
Simother					Dυ							
Signature Harry L. Deathe Administrative Supervi					By							
Printed Name	"VamTII]		ve S tie	upervi			•					
SEP 3 1330		5)686-	5400		Title_					·		
Date	(71	Telepho	ne 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.

RECEIVED

SEP 1 0 1990

HOBBS STREET