

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Conoco Inc. 10 Desta Drive, Ste 100W Midland, Texas 79705		OGRID Number 005073
		Reason for Filing Code RC AC
API Number 30 - 0 25-25539	Pool Name Pearsall Queen	Pool Code 49970
Property Code 003070	Property Name Pearl B	Well Number 5

II. Surface Location

UL or lot no. M	Section 25	Township 17S	Range 32E	Lot Idn	Feet from the 660	North/South Line South	Feet from the 760	East/West line West	County Lea
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Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lee Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
015694	Navajo Refining Co. Drawer 159, Artesia, NM 88210	0782610	0	P 25 17S 32E
005097	Conoco Inc. 10 Desta Dr, Midland Tx	0782630	G	P 25 17S 32E

IV. Produced Water

POD 0782650	POD ULSTR Location and Description P 25 17S 32E
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V. Well Completion Data

Spud Date 8-11-77	Ready Date 10-9-77	TD 4488	PBTD 2250	Perforations 3525-3548
Hole Size 12 1/4	Casing & Tubing Size 8 5/8	Depth Set 1170	Sacks Cement 600SX	
7 5/8	5 1/2	4488	1500SX	

VI. Well Test Data

Date New Oil 7-20-94	Gas Delivery Date	Test Date 8-7-94	Test Length 24 Hrs	Tbg. Pressure	Csg. Pressure
Choke Size	Oil 31 BBL	Water 10 BBL	Gas 22 MCF	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Printed name:

Patrick D. Johnston

Title:

Staff Regulatory Assistant

Date: 9-1-94

Phone: 915 686-6551

OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNED BY

Title:

FIELD REP. II

Approval Date:

SEP 07 1994

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

RECEIVED

NOV 2 - 1955

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New Mexico Oil Conservation Division
C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED
"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

22.	The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD Water Tank", etc.)	MO/DA/YR drilling commenced	25.	MO/DA/YR this completion was ready to produce	27.	Total vertical depth of the well	28.	Plugback vertical depth	29.	Top and bottom perforation in this completion or casing shoe and TD if openhole	30.	Inside diameter of the well bore	31.	Outside diameter of the casing and tubing	32.	Depth of casing and tubing. If a casing liner show top and bottom.	33.	Number of sacks of cement used per casing string	The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.			34.	MO/DA/YR that new oil was first produced	35.	MO/DA/YR that gas was first produced into a pipeline	36.	MO/DA/YR that the following test was completed	37.	Length in hours of the test	38.	Flowing tubing pressure - oil wells	39.	Shut-in tubing pressure - gas wells	40.	Flowing casing pressure - oil wells	41.	Shut-in casing pressure - gas wells	42.	Diameter of the choke used in the test	43.	Barrels of oil produced during the test	44.	Barrels of water produced during the test	45.	MCF of gas produced during the test	46.	Gas well calculated absolute open flow in MCF/D	The method used to test the well:			47.	The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report	The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person			13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift	14.	MO/DA/YR that this completion was first connected to a gas transporter	15.	The permit number from the District approved C-129 for this completion	16.	MO/DA/YR of the C-129 approval for this completion	17.	MO/DA/YR of the expiration of C-129 approval for this completion	18.	The gas or oil transporter's OGRID number	19.	Name and address of the transporter of the product	20.	The number assigned to the POD from which this product will be transported by the transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.	21.	Product code from the following table: O Oil G Gas
1.	Operator's name and address	Operator's OGRID number. If you do not have one it will be assigned and filed in by the District office.			Reason for filling code from the following table: NW New Well RC Recompletion CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter RT Request for test allowable (include volume requested)			If for any other reason write that reason in this box.			The API number of the well			The name of the pool for this completion			The pool code for this pool			The property code for this completion			The property name (well name) for this completion			The well number for this completion			NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box. Otherwise use the OGD unit letter.			The bottom hole location of the completion			Lease code from the following table: F Federal S State P Fee J Jurisdiction N Navajo U Ute Mountain Ute I Other Indian Tribe			The producing method code from the following table: F Flowing P Pumping or other artificial lift			MO/DA/YR that this completion was first connected to a gas transporter			The permit number from the District approved C-129 for this completion			MO/DA/YR of the C-129 approval for this completion			MO/DA/YR of the expiration of C-129 approval for this completion			The gas or oil transporter's OGRID number			Name and address of the transporter of the product			The number assigned to the POD from which this product will be transported by the transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.			Product code from the following table: O Oil G Gas											