

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
API Number 30 - 025-25539	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 8821	0782610	O	P 25 17S 32E
015694	Navajo Refining Co.	0782630	G	M 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	PSTD 2250	Perforations 3525-3548
Hole Size 12 1/4	Casing & Tubing Size 8 5/8	Depth Set 1170	Sacks Cement 600 SX	
	7 5/8	5 1/2	4488	1500 SX

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:

Patrick D. Johnston

Printed name:

Patrick D. Johnston

Title:

Staff Regulatory Assistant

Date:

8-10-94

Phone:

(915) 686-6551

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNATURE OF HARRY SEXTON

Title:

Approval Date:

AUG 25 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

AUG 1 1964

GEORGE W. H.

100-100000

New Mexico Oil Conservation Division
C-104 Instructions

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", etc.)	
23.	The POD number of the storage from which water is moved from the property. 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.	
24.	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 Water Tank", "Jones CPD Water Tank", etc.)	
25.	MO/D/A/YR drilling commenced	
26.	MO/D/A/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	
34.	MO/D/A/YR that gas was first produced into a pipeline	
35.	MO/D/A/YR that gas was first produced into a pipeline	
36.	MO/D/A/YR that the following test was completed	
37.	Length in hours of the test	
38.	Flowing tubing pressure - oil wells	
39.	Flowing casing pressure - oil wells	
40.	Shut-in casing pressure - gas wells	
41.	Diameter of the choke used in the test	
42.	Barrels of oil produced during the test	
43.	Barrels of water produced during the test	
44.	MCF of gas produced during the test	
45.	Gas well calculated absolute open flow in MCF/D	
46.	The signature, printed name, and title of the person authorized to make this report, the date this report was signed by that person	
47.	The signature, printed 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/D/A/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/D/A/YR of the C-129 approval for this completion	
17.	MO/D/A/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 this 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: G Gas O Oil	

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

Report all gas volumes at 15,025 PSIA at 60°.

Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, M, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filled for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operator's name and address.

Operator's OGRID number. If you do not have one it will be assigned and filled 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.

4. The API number of the well

5. The name of the pool for this completion

6. The pool code for this pool

7. The property code for this completion

8. The property name (well name) for this completion

9. The well number for this completion

10. The surface location of the completion NOTE: If the United States government survey designates a Lot Number for the location use that number in the "UL or lot no." box. Otherwise use the OGD unit letter.

11. The bottom hole location of the completion

12. Lease code from the following table:
F Federal
S State
P Private
J Judicial
N Navajo
U Ute Mountain Ute
I Other Indian Tribe