

District I
PO Box 1960, Hobbs, NM 88241-1960
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
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR, NOTIFY THIS OFFICE.		Reason for Filing Code RC
API Number 30 - 0 25-27068	Pool Name PEARSALL QUEEN 7-10342 2/1/95	Pool Code 49970
Property Code 30-150	Property Name FEDERAL BI	Well Number 1

II. Surface Location

UI or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
N	28	17 S	38 E		480	SOUTH	1980	WEST	LEA

Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
Lac Code F	Producing Method Code P	Gas Connection Date 10-94	C-129 Perm 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
005097	CONOCO PRODUCTION 10 DESTA DR. STE 100W MIDLAND, TX. 79705	0785230	G	N 23 27S 32E EFFECTIVE 10-94

IV. Produced Water

POD	POD ULSTR Location and Description
C785250	N 28 17S 32E

V. Well Completion Data

Spud Date 10-14-80	Ready Date 10-4-94	TD 12,992	PBTD 4450	Perforations 3198 - 3222
Hole Size	Casing & Tubing Size SAME AS BEFORE	Depth Set	Sacks Cement	
	2 7/8" TBG	4395		

VI. Well Test Data

Date New Oil	Gas Delivery Date 10-5-94	Test Date 10-4-94	Test Length 24	Tbg. Pressure 210	Csg. Pressure
Choke Size 37/64	Oil 0	Water 0	Gas 1885	AOF	Test Method FLOWING

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: *Bill R. Keathly*

Printed name: BILL R. KEATHLY

Title: SR. REGULATORY SPEC.

Date: 12-29-94

Phone: (915) 686-5424

OIL CONSERVATION DIVISION

Approved by: *[Signature]*

Title: *[Signature]*

Approval Date: *[Signature]*

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

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.)	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 the POD has no number the district office will assign a number and write it here.	23.	The POD number of the storage from which water is moved from the property. If this is a new well or recompletion and the 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.)	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	25.	MO/D/A/YR drilling commenced
26.	MO/D/A/YR the completion was ready to produce	26.	MO/D/A/YR the completion was ready to produce
27.	Total vertical depth of the well	27.	Total vertical depth of the well
28.	Plugback vertical depth	28.	Plugback vertical depth
29.	Top and bottom perforation in the completion or casing shoe and TD if openhole	29.	Top and bottom perforation in the completion or casing shoe and TD if openhole
30.	Inside diameter of the well bore	30.	Inside diameter of the well bore
31.	Outside diameter of the casing and tubing	31.	Outside diameter of the casing and tubing
32.	Depth of casing and tubing. If a casing knur show top and bottom.	32.	Depth of casing and tubing. If a casing knur show top and bottom.
33.	Number of sacks of cement used per casing string	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.		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/D/A/YR that new oil was first produced	34.	MO/D/A/YR that new oil was first produced
35.	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	36.	MO/D/A/YR that the following test was completed
37.	Length in hours of the test	37.	Length in hours of the test
38.	Flowing tubing pressure - oil wells	38.	Flowing tubing pressure - oil wells
39.	Shut-in tubing pressure - gas wells	39.	Shut-in tubing pressure - gas wells
39.	Flowing casing pressure - oil wells	39.	Flowing casing pressure - oil wells
39.	Shut-in casing pressure - gas wells	39.	Shut-in casing pressure - gas wells
40.	Diameter of the choke used in the test	40.	Diameter of the choke used in the test
41.	Barrels of oil produced during the test	41.	Barrels of oil produced during the test
42.	Barrels of water produced during the test	42.	Barrels of water produced during the test
43.	MCF of gas produced during the test	43.	MCF of gas produced during the test
44.	Gas well calculated absolute open flow in MCF/D	44.	Gas well calculated absolute open flow in MCF/D
45.	The method used to test the well:	45.	The method used to test the well:
46.	The signature, printed name, and title of the person authorized to make the report, the date this report was signed, and the telephone number to call for questions about this report	46.	The signature, printed name, and title of the person authorized to make the report, the date this report was signed, and the telephone number to call for questions about this report
47.	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 the completion, and the date this report was signed by that person	47.	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 the completion, and the date this report was signed by that person
1.	Operator's name and address	1.	Operator's name and address
2.	Operator's OGRD number. If you do not have one it will be assigned and filed by the District office.	2.	Operator's OGRD number. If you do not have one it will be assigned and filed by the District office.
3.	Reason for filling code from the following table:	3.	Reason for filling code from the following table:
	NW New Well MC 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)		NW New Well MC 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)
4.	The API number of the well	4.	The API number of the well
5.	The name of the pool for this completion	5.	The name of the pool for this completion
6.	The pool code for the pool	6.	The pool code for the pool
7.	The property code for this completion	7.	The property code for this completion
8.	The property name (well name) for this completion	8.	The property name (well name) for this completion
9.	The well number for this completion	9.	The well number for this completion
10.	The surface location of this 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.	10.	The surface location of this 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 this completion	11.	The bottom hole location of this completion
12.	Lease code from the following table:	12.	Lease code from the following table:
	F Federal S State P Fee J Jurisdiction N Navajo U Ute Mountain Ute I Other Indian Tribe		F Federal S State P Fee J Jurisdiction N Navajo U Ute Mountain Ute I Other Indian Tribe
13.	The producing method code from the following table:	13.	The producing method code from the following table:
	P Pumping or other artificial lift F Flowing		P Pumping or other artificial lift F Flowing
14.	MO/D/A/YR that the completion was first connected to a gas transporter	14.	MO/D/A/YR that the completion was first connected to a gas transporter
15.	The permit number from the District approved C-129 for this completion	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	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	17.	MO/D/A/YR of the expiration of C-129 approval for this completion
18.	The gas or oil transporter's OGRD number	18.	The gas or oil transporter's OGRD number
19.	Name and address of the transporter of the product	19.	Name and address of the transporter of the product
20.	The number assigned to the POD from which the 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.	20.	The number assigned to the POD from which the 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:	21.	Product code from the following table:
	G Gas O Oil		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, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.
A separate C-104 must be filed for each pool in a multiple completion.
Improperly filled out or incomplete forms may be returned to operators unapproved.

Operator's name and address
Operator's OGRD number. If you do not have one it will be assigned and filed by the District office.
Reason for filling code from the following table:

NW New Well
MC 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)

The API number of the well
The name of the pool for this completion

The pool code for the pool
The property code for this completion
The property name (well name) for this completion
The well number for this completion

The surface location of this 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.

The bottom hole location of this 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:
P Pumping or other artificial lift
F Flowing

MO/D/A/YR that the completion was first connected to a gas transporter
The permit number from the District approved C-129 for this completion
MO/D/A/YR of the C-129 approval for this completion
MO/D/A/YR of the expiration of C-129 approval for this completion
The gas or oil transporter's OGRD number
Name and address of the transporter of the product
The number assigned to the POD from which the 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:

G Gas
O Oil