

Submit 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 Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Conoco Inc.	Well API No. 30-025-30491
Address P. O. Box 460, Hobbs, New Mexico 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name MCA Unit Battery 3	Well No. 384	Pool Name, Including Formation Maljamar Grayburg San Andres	Kind of Lease State, Federal or Fee	Lease No. LC-057210
Location Unit Letter E : 1963 Feet From The N Line and 511 Feet From The W Line Section 27 Township 17S Range 32E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refining Company <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Drawer 159, Artesia, N. M. 88210					
Name of Authorized Transporter of Casinghead Gas Conoco Inc. Maljamar Plant <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 90, Maljamar, N. M. 88264					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 27	Twp. 17S	Rge. 32E	Is gas actually connected? Yes	When? 8-27-89

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7-21-79	Date Compl. Ready to Prod. 8-24-89		Total Depth 4200'		P.B.T.D. 4157'			
Elevations (DF, RKB, RT, GR, etc.) 4002' GR.	Name of Producing Formation Maljamar GSA		Top Oil/Gas Pay 3842'		Tubing Depth 3826'			
Perforations 3842' - 4032', 4088' - 4153'					Depth Casing Shoe 4200'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		900'		400 Sx.			
7-7/8"	5-1/2"		4200'		850 Sx.			
	2-7/8"		3826'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 8-27-89	Date of Test 9-1-89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 355	Oil - Bbls. 95	Water - Bbls. 260	Gas- MCF 38

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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
W. W. Baker, Administrative Supervisor
Printed Name
9-8-89 (505) 397-5800
Date
Telephone No.

OIL CONSERVATION DIVISION

SEP 18 1989

Date Approved

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

By

Title

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.