Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

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

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Robert N. Enfield					_	30025-31357						
ddress P. O. Box 2431, San	ta Fe, N	IM 875	04									
leason(s) for Filing (Check proper box)			<u></u>		Other	(Please exp	dain)					
lew Well			Fransporter	of:	Fff	ective	3/	1/92				
ecompletion	Oil Casinghead (Dry Gas Condensate	. H	HIL	CCCIVC	31	1,) =				
hange in Operator	Casingilead	Jas []	Controllisate							- 	· · · · · · · · · · · · · · · · · · ·	
d address of previous operator												
. DESCRIPTION OF WELL		SE						[W: 4 :	F.1		an No	
esse Name Hudson Federal	, v	Vell No.		,Includ in alo Q	g Formation Jueen				Lease ederal o g K op		ase No. 169276	
ocation		1						 -				
Unit Letter N	: 660		Feet From	TheSo	uth Line	and	80	Fox	t From The _	West	Line	
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Section 29 Township	p 10 300	1111	Range	J Las	, NN	PM,	nea				County	
II. DESIGNATION OF TRAN	SPORTER	OF OI	L AND	NATUI	RAL GAS							
Name of Authorized Transporter of Oil		or Conden		7	Address (Give	address to	which	approved	copy of this fo	rm is to be ser	<i>n</i> J)	
Texas-New Mexico Pipel					P. 0. 1	30x 252	8,	Hobbs,	NM 882	40 (effe	ctive 3/	
Name of Authorized Transporter of Casing	ghead Gas	\Box	or Dry Ga	s	Address (Give	<i>adaress to</i> 30x 126	7.	Ponca	City, O	vm is 10 be se K 74603	nı)	
Conoco Inc. f well produces oil or liquids,	Unit S	Sec.	Twp.	Rge	ls gas actually			When	?			
ive location of tanks.	I	29	18	33	Yes				2/24/91			
this production is commingled with that	from any other	r lease or	pool, give c	ommingl	ing order numb	er:						
V. COMPLETION DATA		1				377 1		D	Diva Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	Gas	Well	New Well	Workover	1	Deepen	Plug Back	Same Kes v	pair Kesv	
Date Spudded	Date Compl	. Ready to	Prod.		Total Depth				P.B.T.D.		_l	
								·				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation To				Top Oil/Gas	Top Oil/Gas Pay				Tubing Depth		
					1			 _	Depth Casir	ng Shoe		
Perforations												
	T	UBING.	CASINO	G AND	CEMENTI	NG REC	ORD	· · · · ·	_;			
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V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank	EST FOR A recovery of too	tal volume	ABLE of load oil	and mus	t be equal to o	exceed top	allov	vable for ih ър, gas lif.,	is depth or be	for full 24 ho	ws.)	
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OIL WELL (Test must be after	recovery of to	tal volume st	ABLE of load oil	and mus	t be equal to o Producing M Casing Press	ethod (Flow	allow	vable for th up, gas lif.,	Choke Size		urs.)	
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OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test	Date of Tes Tubing Pre-	etal volume st essure	ABLE of load oil	and mus	Producing M Casing Press	ethod (Flow	allov	vable for th	Choke Size		urs.)	
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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.
- Eill out only Sections I II III and VI for changes of operator, well name or number, transporter, or other such changes.