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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 Instruction at Bottom of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

1000 Rio Brazos Rd., Azzec, NM 2	REQ			ABLE AND			TION					
Operator		IO IAA	NSPUHIC	OIL AND N	ATUHAL	. GAS	Wall	API No.	·			
Conoco Inc.	oco Inc.				₩21				30-025-20228			
Address 10 Desta Dr	ive Ste 10	OW, Mid	land, TX	79705			<u> </u>		<u>-20228</u>			
Reason(s) for Filing (Check proper			<del></del>		ther (Please	explain)						
New Well		Change in 1	Transporter of:			•	ימאקיו	SPORTER	ជាមានជាមាន	WD 5.1		
Recompletion	Oil		Dry Gas	]	OIREIGE	OID.	LIWIT	JI ORIER	EFFECTI	AF 2-1-		
Change in Operator	Casinghe	nd Gas 🔲 (	Condensate	]								
If change of operator give name and address of previous operator												
IL DESCRIPTION OF W	ELL AND LE				_							
Lease Name STATE H-35		Well No.   1		uding Formation				of Lease		Lease No.		
Location		9	VACOUM	ABO, NOR	TH		State	, Federal or Fe	e B	3196		
н	1:	980		NORTH		400						
Unit Letter	:	F	ect From The .		ne and	460	) F	eet From The	EAST	Li1		
Section 35 To	waship	17 S	lange	34 E	IMPM.	LEA	A			-		
										County		
II. DESIGNATION OF T				URAL GAS								
NAVAJO TŘÚČKS		or Condense		Address (Gi	we address to BOX 15	which a	RTES.	Copy of this for	orm is to be s 8210	teni)		
Name of Authorized Transporter of GPM GAS CORP	Casinghead Gas	XX •	r Dry Gas	Address (Give address to which appr			ODF ONE	med come of this form is to be sent?				
f well produces oil or liquids,	Unit	Sec. Twp. R		4001 PENBROOK,			ODESSA, TX. 79762					
ive location of tanks.	iB_i	35	17Sj 351		YES	<b>,</b>	WIE	'NA				
this production is commingled with V. COMPLETION DATA	that from any oth	er lease or po	ol, give commin	gling order num	ber:	PC 82	26					
		Oil Well	Gas Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Comple	:	i. Ready to Pr	<u> </u>	Total Depth	1		•	Ĺ				
·				том Бери			P.B.T.D.					
levations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation			Top Oil/Gas Pay				h			
erforations		······································	<del></del>					Depth Casing	Shoe			
	71	URING C	ASING ANT	CEMENT	NG PECO	מפו		<u> </u>				
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT			
		OAGREG TOBING SIZE			DEF IN SET				SACKS CEMENT			
								!				
TECT DATA AND DEC	LIECT FOR A	I OWN										
TEST DATA AND REQ												
IL WELL (Test must be after recovery of total volume of load oil late First New Oil Run To Tank Date of Test				Producing Me	exceed top a	llowable	for this	depth or be fo	r full 24 hou	rs.)		
	Date of Tea			Producing tyre	ation (Flow, )	ритр, да	s tyt, et	<b>c</b> .)				
ength of Test	Tubing Press	Tubing Pressure			Casing Pressure				Choke Size			
ctual Prod. During Test	Oil - Bhis	Oil - Bbis.			Water - Bbis.				Gas- MCF			
AS WELL									<u> </u>			
ctual Prod. Test - MCF/D	Length of Te	Length of Test			Bbls. Condensate/MMCF				Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-m)			Casing Pressure (Shui-in)				Choke Size			
L OPERATOR CERTIF	TCATE OF	COL ATT T	ANCE	1	·							
L OPERATOR CERTIF  I hereby certify that the rules and r				C	IL CO	NSEI	RVA	TION D	IVISIO	N		
Division have been complied with	and that the inform	ation given al	oove				- • •			. •		
is true and complete to the best of my knowledge and belief.				Date Approved				APR 15 1993				
11/20	ackl				• •					<del></del>		
<b>c</b>			DI OPEC	By	Mills Ri	1	<b>1</b>	<u> 4.57+ 62</u> Wasan da	ATOM:			
Signature BILL R. KEAT	пы эк. Б	CLGU LATC	ORY SPEC.	11	4 (	46 14						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

<u>4-13-93</u> Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title.

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

915-686-5424 Telephone No.

- 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.