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 Rottom of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

A.		IO IN	ANSP	OHIO	L AND NA	ATURA	AL GA	S				
Operator CONOCO INC							Well API No. 30-025-28605					
Address 10 Desta Drive St	e 100W.	Midla	and.	TX 79	705	<del></del>			0-025-2	3003	<del></del>	
Reason(s) for Filing (Check proper box)					Ot	her (Plea	re explai	in,				
New Well		Change is			TO	CORRE	CTC	-104 T	O MATCH	THE ONG	ARD	
Recompletion Change in Operator	Oil Caringhan	XI_ nd Gas 🔯	,		AUI	IT FC	R TR	ANSPOR	TER INFO	DRMATION	1.	
If change of operator give same		A CES X	Conce		<del></del>							
and address of previous operator					<del></del>	···········						
IL DESCRIPTION OF WELL Lease Name	AND LEA		T							<del></del>		
STATE 30		Well No.			ing Formation BO, SOUT	TH (10	ነበ50 ነ	Kind State	of Lease Federal or Fe X	• LG-6	Lease No.	
Location K	23		<u> </u>		5	11 (10			<u> </u>	W-6	3130	
Unit Letter	_ :660	<u> </u>	Foot Fr	ross The N	RTH Lin	n and	840	スフ F	est From The	FAST	Line	
30 Section Townshi	17	S	Range	36	E N	MPM.	LEA				Carretor	
						*********			-ar		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		C d		D NATU			e to mbi		copy of this )	baan ia ta ba a		
TEXAS-NEW MEXICO PIPEL		2628)									eru)	
fame of Authorized Transporter of Casinghead Gas (AX) or Dry Gas (C)					P.O. BOX 2528, HOBES, NM 88240  Address (Give address to which approved copy of this form is to be sens)  4001 PENBROOK, ODESSA, TX. 79760							
If well produces oil or liquids, rive location of tanks.		Sec.	Twp.	Rgs.	la gas actuali			Whee				
f this production is commingled with that i	<u> </u>	30	17S	ß6E	YES	<u> </u>				<del></del>		
V. COMPLETION DATA		VI	poor, gr	e constant	red cross see				-	<del></del>		
Designate Type of Completion	- (20)	Oil Well	(	Jas Well	New Well	Worko	ver	Despen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to Prod.			Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
Perforations									Depth Casing Shoe			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
											i	
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE						<u> </u>			
IL WELL (Test must be after re	covery of low	al volume e	of load o	il and must				حبضہ صن ک		or full 24 hou	rs.)	
Date First New Oil Rua To Tank	Date of Test	Producing Method (Flow, pump, gar lift, etc.)										
ength of Test	Tubing Pressure				Casing Pressure				Choke Size			
nual Prod. During Test (Oil - Bhis.					Water - Phis.				Gas- MCF			
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF				Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shus-in)				Choice Size			
										_		
L OPERATOR CERTIFICA				CE .		/II : C	AKIC	)	TION			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					Date	Appro	heve	3E	C 16 19	193		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Daie	~PPI (		***************************************								
SIGNATURE R. KEATHLY	SR. REGULATORY SPEC.				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						XTON	
Printed Name								0151	KICT I SUF	CKAIOOK		
12-13-93	915-6	386-54			Title_	·						
Data			hone No	),								

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.