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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-85

I. Operator  
Conoco Inc.  
Address  
PO Box 460, Hobbs, NM 88240  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State A-2A	5	Skaggs Abo Gas	State, Federal or Fee	B-2656
Location				
Unit Letter	P	330 Feet From The South Line and	330 Feet From The East	
Line of Section	2	Township 20S	Range 37E	NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	PO Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	2	20S	37E	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
12-8-87	1-26-88	7500'		7449'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
3593' GL	Abo	7053'		6897'				
Perforations				Depth Casing Shoe				
7053'-7146', 7179'-7368'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		1400'		920 SXS			
7 7/8"	5 1/2"		7500'		725 SXS			

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)

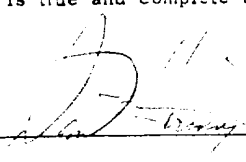
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
248	24 hrs	0	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
flowing	85 psi		

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
D. F. Finney  
Adm Supervisor  
6/28/88  
Date

OIL CONSERVATION COMMISSION

APPROVED **JAN 30 1989** 19  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR  
TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

INCLINATION REPORT

OPERATOR: Conoco Inc.

ADDRESS: P. O. Box 460  
Hobbs, New Mexico 88240

LEASE NAME: State A2A

WELL#: #5

FIELD: SKaggs Abo Gas

LOCATION: Lea County, New Mexico

Unit P - Sec. 2 - T20S - R37E

Measured Depth	Angle of Inc.	Displacement Per 100 ft.	Accumulative Displacement
200 *	0.25	0.44 *	0.8800
372 *	0.25	0.44 *	1.6368
557 *	0.50	0.87 *	3.2463
744 *	1.00	1.75 *	6.5188
930 *	1.00	1.75 *	9.7738
1114 *	1.50	2.62 *	14.5946
1266 *	1.00	1.75 *	17.2546
1402 *	1.00	1.75 *	19.6346
1629 *	0.75	1.31 *	22.6083
1873 *	0.75	1.31 *	25.8047
2121 *	0.75	1.31 *	29.0535
2368 *	0.75	1.31 *	32.2892
2588 *	1.00	1.75 *	36.1392
2653 *	1.00	1.75 *	37.2767
2897 *	1.00	1.75 *	41.5467
3145 *	0.50	0.87 *	43.7043
3395 *	0.75	1.31 *	46.9793
3642 *	1.00	1.75 *	51.3018
3889 *	0.75	1.31 *	54.5375
4135 *	0.25	0.44 *	55.6199
4150 *	0.25	0.44 *	55.6859
4341 *	1.00	1.75 *	59.0284
4587 *	2.00	3.49 *	67.6138
4742 *	1.75	3.05 *	72.3413
4894 *	1.75	3.05 *	76.9773
5050 *	1.25	2.18 *	80.3781
5295 *	1.00	1.75 *	84.6656
5548 *	1.50	2.62 *	91.2942
5787 *	1.25	2.18 *	96.5044
5998 *	1.00	1.75 *	100.1969
6247 *	0.75	1.31 *	103.4588
6493 *	1.00	1.75 *	107.7638
6740 *	1.00	1.75 *	112.0863
6985 *	1.00	1.75 *	116.3738
7233 *	1.25	2.18 *	121.7802
7500 *	1.25	2.18 *	127.6008

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

Rebecca Edwards

TITLE: DRILLING SECRETARY

AFFIDAVIT:

Before me, the undersigned authority, appeared Rebecca Edwards known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that she is acting for and in behalf of the Operator of the well identified above, and that to the best of her knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Rosemarie M. Collaun  
AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this 7th day of January, 1988.

Dana West  
Notary Public in and for  
the County of Midland,  
State of Texas.

SEAL

My Commission Expires: 7-19-89