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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 Instructions
at Bottom of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u> </u>					OTHA	1112	POH	OIL	AND NA	I UHAL G					
Operator CONOCO INC									Well API No. 30-025-06109						
Address 10 Do	at a	Design	- Sta	100W.	Midle	nd	ጥሂ	797	05			7-025-00	100		
Reason(s) for Filin				100%	IIIGIA	110,	<u> </u>			et (Pieese expi	aia)		<del></del>	<del></del>	
New Well	<b>9</b> (0		, ,,,,		Change is	Tran	sporter	of:		ORRECT		4 ON FI	LE TO MA	ATCH	
Recompletion	_	$\exists$		Oil Casinghee	-=-	Dry			THE	ONGARD S	SYSTEM A	NI TIDU	FORMATIC	N	
Change in Operator  f change of operate	or give			Cango	OB YY	Cos				<del>-</del>				<del></del> -	
and address of prev	ious o	perator							<u> </u>			<del></del>		<del></del>	
I. DESCRIP	ПОИ	OF W	ELL A	ND LEA	Vell No.	Bool	Nome	lashadi	ng Formation		Vind.	of Lease		ease No.	
RITT B				H A I					7 RVRS QN			LC 031621			
Location		F							··				WEST Line		
Unit Le		: 1980 Feet Prom The NO					ORTH Line and 1980 Po			et From The	et From The MESI Line				
Section	1	5 1	Cownship	20	<u>S</u>	Res	<b>P</b>	37	E , N	MPM, LE	A			County	
II. DESIGNA	TTO	N OF	TRANS	PORTE	R OF O	TL A	ND N	VATU	RAL GAS						
Name of Authoriza	d Tra	seporter o	Y Oil	XX	or Conde			]	Address (Giv	e address to w	• •	• • • •		pu)	
CONOCO INC. TRANSP								P.O. BOX 2587, HOBBS, NM 88240  Address (Give address to which approved copy of this form is to be sent)							
GPM GAS CO							NBROOK,				,				
If well produces of the location of the	i or biq	pride,	!		Sec.	Twp			le gas actually YES	y connected?	Whee	7			
this production is		ringled w				20S			<u> </u>	)	J				
v. comple											·				
Designate Ty	уре о	f Comp	letion -	(X)	Oil Well		Gas 1	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Read						to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								Top Oil/Gas Pay			Tubing Depth				
												Depth Casing Shoe			
Perforations												Depar Casa	iii 2004		
TUBING, CASING ANI									CEMENTI						
HOLE SIZE				CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
. TEST DAT	'A A	ND RE	OUEST	FOR A	LLOW	ABL	E		ļ			<u> </u>			
OIL WELL	Πe	st meast b						nd must	be equal to or	exceed top all	omable for the	s depth or be	for full 24 hou	FS.)	
Date First New Oil Run To Tank Date of Test									Producing Method (Flow, pump, gas lift, etc.)						
ength of Test				Tubing Pressure					Casing Pressure			Choks Size			
Actual Prod. During Test				Oil - Bbis.					Water - Bbls.			Gas- MCF			
				OII - DOLL											
GAS WELL												1 <b>.</b>			
Actual Prod. Test - MCF/D				Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)								Casing Press	pe (Shut-in)		Choke Size	<del></del>			
									<u> </u>		<del></del>				
VI. OPERAT								E		DIL CON	<b>ISERV</b>	ATION	DIVISIO	NC	
I hereby certify Division have b	2005 CC	emplied w	vith and th	ust the infor	matica giv										
is true and complete to the best of my knowledge and belief.									Date Approved MAR 2 3 1994 ORIGINAL SIGNED BY JERRY SEXTON						
Deep K. Sandly									D	ORIGI	NAL SIGN	ED BY JER	RY SEXTOI ISOR	Ni .	
SIZE BILL R. KEATHLY SR. REGULATORY SPEC.									By_		<u> </u>	1 SUPERV	1304		
Printed Name					-686-54	Title			Title						
12-14-93			_	910-	-U-U-U-	147			11						

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.