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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico rinergy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		Well AP! No.											
Conoco Inc.						30-025-06246							
Address 10 Desta Drive S	+= 100W	l Mial	and	יויאַ קכ	9705								
Reason(s) for Filing (Check proper box)	00 1001	11101	-GIIG			Osh /B							
New Well		Change is	n Trans	moster of:		Other (P	•	•					
Recompletion									FROM SEMU TUBB TO				
Change in Operator	Bas □ SEMU SKAGGS B. ENDATE □ EFFECTIVE SEPT				SEPTEMB	EMBER 1, 1993							
If change of operator give name	Casinghe												
and address of previous operator					- 								
II. DESCRIPTION OF WELL Lease Name	DESCRIPTION OF WELL AND LE												
SEMU SKAGGS B		171			•	ng Formation			Kind of Lease State, Federal or Fee		Lease No.		
Location				MONUMENT T					NM 5576		<u>557686</u>		
F	. 198	:0		N	JORTH		10	980 .		WEST			
Unit Letter	<u> </u>	<u> </u>	_ Feet	From The $\frac{1}{2}$	VOICIT!	Line and		F	eet From The	MEST	Line		
Section 23 Townsh	ip 20	1 5	Rang	. 37	7 E	, NMPM	L	EΑ			County		
						*							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE			ND NATU					· · · ·				
CONOCO INC SURFACE TR	ANTENET	or Conde 'מרעדים מי	assie						d copy of this		eni)		
Name of Authorized Transporter of Casin		XX	~ D-	e Gen	P.O.				NM 8824				
GPM GAS CO.	XX or Dry Gas			Address (Give address to which appr 4001 PENROSE, ODES									
If well produces oil or liquids,	Sec.	Twp.	Rge.					en ?					
give location of tanks.	i G	23	209		1 -	ÆŚ			- •				
If this production is commingled with that	from any oth	er lease or	pool, g	ive comming	ling order n	umber:							
IV. COMPLETION DATA		<u> </u>											
Designate Type of Completion	- 00	Oil Well	! !	Gas Weil	New W	ell Wo	rkover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Comp	d Pandy to) Bernd	*******	Total Dep	dh .		<u> </u>	<u> </u>	l			
	Date Com	A. Ready u	FIOL		loan Dep	~			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	roducing Fo	oducing Formation			Top Oil/Gas Pay			Tubing Depth					
	•												
Perforations					`				Depth Casin	g Shoe			
				···									
				IG, CASING AND CEM				<u>D</u>	1				
HOLE SIZE	SING & TU	SING & TUBING SIZE			DEPTH SET				SACKS CEMENT				
													
· · · · · · · · · · · · · · · · · · ·	<u> </u>								 				
										-			
V. TEST DATA AND REQUES													
OIL WELL (Test must be after r			of load	oil and must						for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Tes	t			Producing	Method (Flow, pu	mp, gas lift, i	etc.)				
Length of Test	Tubing Pressure				Casing Pressure				Choke Size	Choke Size			
central or real	SELITE			Calling Freezine									
Actual Prod. During Test				Water - Bbls.				Gas- MCF					
-													
GAS WELL	-			•				•					
Actual Prod. Test - MCF/D	Length of	est			Bbls. Conc	iensale/M	MCF	········	Gravity of C	condensate			
									1				
esting Method (pitot, back pr.)	Tubing Pres	seure (Shut-	-i n)		Casing Pre	saure (Sh	ut-in)		Choke Size				
77. ADED 1. 200					 								
VL OPERATOR CERTIFIC				NCE	<u> </u>	Oli	CON	SERV	ATION I	אואובור	M		
I hereby certify that the rules and regular Division have been complied with and a	kions of the (Oil Conserv	vation	•						J1 V 1010	/1 N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved 007 2 7 1993							
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Duft Lo	220	ly											
Signature BILL R. KEATHLY SR. REGULATORY SPEC.					Ву	-ORIGI			JERRY SEX	TON			
Printed Name Title					DISTRICT I SUPERVISOR								
10-14-93	915	-686-5			Titl	e				· -			
Date			phone l	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.