Submit 5 Con 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

DISTRICT II
P.O. Drawer DD, Assesia, NM \$1210

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		TOTR	<u>ANS</u>	SPORT OF	L AND NA	TURAL G						
CONOCO INC					Well API No. 30-025-08980							
Address 10 Desta Drive Ste	e 100W,	Midla	ind.	TX 797	705						-	
Resecuts for Filing (Check proper box)					XX Ou	er (Please expi	lain)	· · · · · · · · · · · · · · · · · · ·	<del></del>		_	
New Well	0.1	Change is	-	seporter of:		SET UP A						
Recompletion	Oil Casinghee	d Gas	<b>,</b>	Gas		RENTLY HA ACO E&P	AVE: GPI	1 & WARE	KEN ADDI	NG		
f change of operator give name									<del></del>	<del></del>	_	
ned address of provious operator  L. DESCRIPTION OF WELL	ANDIE					<del>-</del> · · · · · · · · · · · · · · · · · · ·					-	
Lease Name SOUTH EUNICE UNIT	AIND LEA	Well No.	1	i Name, Includ	-			of Lease	1 -	eass No.	-	
Location		13	EU	INICE 7 F	RVRS QN,	SO. <24	130	Federal or F	x FEE		_	
Unit Letter	. 1980		_ Fee	t From The NO	RTH Lie	and198	80 R	set From The	WEST	Line		
Section 21 Townshir	22 9	S	Ras	36	T.	MPML LEA	Α					
	<del></del>	·			117	VLF IVI,				County	-	
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conde		ND NATU	<del></del>	e address to w	hick commun	come of this	form is to be a		_	
rexas new mexico pl co	28>			P.O. BOX 2528, HOBBS,			NM. 88240					
Name of Authorized Transporter of Caring	or Dry Gas			Address (Give address to which approved								
<u> PEXACO EXPL &amp; PROD INC</u> If well produces oil or liquids,	INC <022345>				P.O. BOX 3000, TULSA,							
ive location of tanks.	E	28	22		YES		i				_	
this production is commingled with that I V. COMPLETION DATA	nom any othe	er lease or	pool,	give comming	ling order memi	<u> </u>	<del></del>				_	
Designate Type of Completion	~	Oil Well		Ges Weil	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	-	
Date Speeded	Date Compl	i. Ready to	Prod	<u> </u>	Total Depth		<u> </u>	P.B.T.D.	L		-	
				<del> </del>	Top Oil/Gas Pay							
Elevations (DF, RKB, RT, GR, etc.) Name of Produc				ice.	Top Old Cas Pay			Tuhing Depth				
erformions									Depth Casing Shoe			
	π	UBING.	CAS	SING AND	CEMENTIN	NG RECOR	D	<u> </u>			_	
HOLE SIZE					DEPTH SET			SACKS CEMENT				
											1	
								<del>                                     </del>	<u>.</u>		1	
											1	
. TEST DATA AND REQUES  IL WELL (Tast must be after re					حم مد اسحم مد		makla for this	و منا حم بالحماد و	for full 24 boss	-• )		
ate First New Oil Rus To Task	Date of Test		9	9 000 4000 Mags		thod (Flow, pu			- Jan 24 Aba	.,	7	
42.					Casing Pressure			Chaha Sina	Choka Size			
eagth of Test	25 of less   Tubing Pressure				Cang Pressure							
nual Prod. During Test Oil - Bbls.				Water - Pols.			Gas- MCF			4		
GAS WELL				-			·	<u> </u>	<del></del>		_	
Actual Prod. Test - MCF/D	Leagth of To	edt.			Bbls. Condennts/MMCF			Gravity of Condensate			-	
									(Ancho Man			
sting Method (piect, back pr.)	Tubing Pres	erne (2pre-	- <b>12</b> )		Casing Pressur	re (SINE-IE)		Choks Size				
L OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE		W CON	CEDV	TION		. A.I	•	
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 Approved FEB 21 1994							
A. A. Som		1			Jan	, .pp. 0 to	<del></del>	-			•	
Signature .	en l	7		<del></del>	Ву						-	
BILL R. KEATHLY SR. REGULATORY SPEC.								BY JERRY Supervise	SEXTON			
2-16-94	915-6	686-54			Title_			JUFER VIS	<u> </u>	<del>,</del>	-	
Date					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.