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

State of New Mexico Energy, Minerals and Natural Resources Department

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

**OIL CONSERVATION DIVISION** P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REC	UEST FO	OR ALLOWA	RIFAND	AUTHOR	IZATION			
I.			INSPORT OF			·· · · · <del>-</del> · ·			
Operator							API No.		
CONOCO INC.						30	02524	195606	<u> </u>
Address			- F.						
Reason(s) for Filing (Check proper box)		MIDLA	ND IX	79705					
New Well		Change in	Transporter of; /		vet (Please exp	iaur)			
Recompletion	Oil	CHARGE III	Dry Gas						
Change in Operator	Casinghe	ead Gas	Condensate						
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL	AND LE	EASE							
Lease Name			Pool Name, Includ				of Lease		ease No.
BRIT B		25	EUMONT	QUEEN	GAS	State	, Federal or Fe	0710	31621B
Location		_							
Unit Letter	_ :	060	Feet From The 👃	ORTH Lin	e and	180F	eet From The	WES	TLine
Section 15 Townshi	_ 2,	05	. 2	7E .N		1 /~	1		
Section 5 Townshi	<u>a</u>		Range 3	1e , N	MPM,	LEA	<u> </u>		County
III. DESIGNATION OF TRAN	SPORTI	ER OF OI	L AND NATTI	RAT. GAS					
Name of Authorized Transporter of Oil		or Condens	inte .		e adáress to w	hich approved	copy of this f	orm is to be s	ent)
Name of Authorized Transporter of Casing	head Gas	PM Gas	or Dry Gas S	Address (Giv	e address to w	hich approved	copy of this fo	orm is to be s	ent)
PHILLIPS 66 NATI	LLAL	GAS C	OMOAUV	4001	PENBA		ODESSA		9762
If well produces oil or liquids, give location of tanks.	Unit		Twp.   Rge.	is gat at fail	Viendenori	Jary When	8/3/0		
If this production is commingled with that i	from any of	her lease or p	ool, give comming		DEF:	<u> </u>	0/0/	70	
IV. COMPLETION DATA	•		<b>, 2</b>				· · · · · · · · · · · · · · · · · · ·		<del></del>
Designate Type of Completion	- (X)	Oil Well	Gas Weil	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Dete Com	pl. Ready to	Prod.	Total Deptin	<u> </u>	<u> </u>	P.B.T.2.		1
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations	L			1	· · · · · · · · · · · · · · · · · · ·	-4	Depth Casing	g Shoe	<del> </del>
		<del></del>				, ,			
HOLEONE			CASING AND	†		D	<del></del>		
HOLE SIZE	CASIN		ING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OLD WELL (1881 miss be ayin	recovery of ioial volume of load (	hi and must be equal to or exceed lop allow	wable for this depth or be for full 24 hours.)		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pur	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
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

ADMINISTRATIVE SUPERVISOR Title (915) 686-5400

Date Approved _		
Bv	Orig. Signed by Paul Kautz	
-, <del></del>	Geologist	
Title		

Color & Walker

OIL CONSERVATION DIVISION

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.

Telephone No.

- 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.