Submit 5 Copies
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

·		10 Ins	MOF	ON I OIL	AND NA	TOTAL OF		A DV No			
Operator Connect Inc								API No.	E000		
Conoco Inc.							<u>:</u>	30-025-2	-025-25203		
10 Desta Drive	STE 100	W. Mid	lland	TX 7	9705						
Reason(s) for Filing (Check proper box)					et (Piease expli			~	.ananann	
New Well		Change in			COI	RECTED	REPORT -	- WRONG	GAS TRAI	NSPORTER	
Recompletion	Oil Casinghea	X	Dry Ga Conder	_	ON	12-91 C	-104				
Change in Operator change of operator give name	Самириса		COUG								
nd address of previous operator	··· ·· · · · · · · · · · · · · · · · ·								 		
L DESCRIPTION OF WELL	L AND LE	ASE									
Lease Name		4		-	ng Formation		Chata	Kind of Lease State, Federal or Fee		LC 0634580	
WARREN UN BLINE/TUBE	3 MR	.39	WAR	REN BL	NE/TUBB	OIL & G	AS SEC.	10000		0634560	
Location B	e.	20		_ *	NORTH Lin		000 -		TACT.	T :	
Unit Letter		60	Feet Fr	om The	Lin	and1	980 Fe	et From The	FAST	Line	
Section 34 Towns	inip .	20 S	Range	38	BE, N	MPM, I	.EA			County	
	- -										
II. DESIGNATION OF TRA				D NATU	RAL GAS				farm in to be no	mel .	
name of Authorized Transporter of Oil	_XX	or Conde	neate		1	OX 1910,				iru)	
SHELL PIPELINE Name of Authorized Transporter of Cas	inohead Gas	□X	or Dry	Gas		e address to w				ent)	
TEXACO PRODUCING IN			U. 2.,			BOX 3000					
f well produces be or inquids,	Unit	Sec.	Twp. Rge.		is gas actually connected?		When	When ?			
ve location of tanks.	1 H	33	205	38E	YE			6-1-91			
this production is commingled with the	at from any oti	ner lease or	pool, gi	ve comming!	ing order numi	DET:	 ,		· · · · · ·		
V. COMPLETION DATA	··	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X)	Ou wen	'!'	Oda Well	1464 44611					Ī	
Date Spudded	Date Com	pi. Ready to	o Prod.		Total Depth	.		P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of F	roducing F	ormation	ı	Top Oil/Gas Pay			Tubing Depth			
eriorations								Depth Casis	ng Shoe		
4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								1			
		TUBING,	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	-				ļ			<u> </u>			
								+			
. TEST DATA AND REQU	EST FOR	ALLOW	ABLE					•			
IL WELL (Test must be afte	r recovery of s	otal volume	of load	oil and must	be equal to or	exceed top all	owable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of To	s			Producing M	ethod (Flow, pr	ump, gas lift, i	etc.)			
						ıre		Choke Size			
ength of Test	Tubing Pr	Tubing Pressure									
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.				Water - Bbis.			Gas- MCF		
•								<u></u>			
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conde	mte/MMCF		Gravity of	Condensate		
									Choke Size		
sting Method (pilot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
					·			1		 	
VL OPERATOR CERTIF				NCE	\parallel	OIL CON	NSERV	ATION	DIVISIO	NC	
I hereby certify that the rules and re Division have been complied with a				e							
is true and complete to the best of n					Date	Approve	ed		MAY	<u> </u>	
18. 14	-				H		-				
	ark	9			Bv				in the street		
Signature BILL R. KEATH	LY, SR.	REGULA	TORY	SPEC.	-, -						
Printed Name			Title		Title						
5-21-92		915-686									
Data		Tel	enhone i	NIO.	1.1						

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.