

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc.		Well API No. 20-020-25415
Address 10 West Drive W. Midland, TX 79705		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name SENU TUBB	Well No. 97	Pool Name, Including Formation MONUMENT TUBB	Kind of Lease State, Federal or Fee	Lease No. LC-0316218
Location Unit Letter K : 1780 Feet From The SOUTH Line and 1780 Feet From The WEST Line Section 23 Township 20S Range 37E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil CONOCO SURFACE TRANSPORTATION	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2587 HOBBS, NM 88240
Name of Authorized Transporter of Casinghead Gas PHILLIPS 66 NATURAL GAS CO. - GPM Gas Corporation	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ODESSA, TX 79760
If well produces oil or liquids, give location of tanks.	Unit G 4	Sec. 23
	Twp. 20S	Rge. 37E
	Is gas actually connected? YES	When? 10/01/90

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v
Date Spudded 9/25/90	Date Compl. Ready to Prod. 10/01/90	Total Depth 7764'	P.B.T.D. 6595'					
Elevations (DF, RKB, RT, GR, etc.) 3525 GR	Name of Producing Formation MONUMENT TUBB	Top Oil/Gas Pay 6305'	Tubing Depth 6250'					
Perforations 6304'-6575'	Depth Casing Shoe 4000'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE SAME AS BEFORE	CASING & TUBING SIZE SAME AS BEFORE	DEPTH SET SAME AS BEFORE	SACKS CEMENT SAME AS BEFORE					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 10/01/90	Date of Test 10/01/90	Producing Method (Flow, pump, gas lift, etc.) FLOWING
Length of Test 24 HRS.	Tubing Pressure 424PSI	Casing Pressure NONE
Actual Prod. During Test 38-	Oil - Bbls. 28	Water - Bbls. 10
		Gas - MCF 502

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Signature  
Nannette Nelson  
Title  
10-31-1990  
Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved  
By  
Title

Orig. Sign.  
Paul Kautz  
Geologist

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

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Drinkard