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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 at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

I.	REQ	UEST FO	OR AL	LOWA	ABLE AND	AUTHOR	RIZATI	ON			
Operator		TO TRANSPORT OIL AND NATURAL GA						Well API No.			
Conoco Inc.								30025260	1300		
P.O. Box 1959	Midland	d, TX	79705								
Reason(s) for Filing (Check pro	per box)		.,,,,,,		Ot	ner (Please exp	nlain)				
New Well		Change in	Transpor	ter of:		ioi (i iemie eri	nain)				
Recompletion	Oil		Dry Gas								
Change in Operator	Casinghe	ad Gas	Condens	nate							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF	WELL AND LE	ASE									
Lease Name	Well No. Pool Name, Including Format									Lease No.	
State D		14 Eumont Y				ivers Qu	een S	tate, Federal or I	e, Federal or Fee B-1537		
A											
Unit LetterA	:	915	Feet From	m The	North Lin	e and9	90	_ Feet From The	eEast_	I	
Section 15	Township 21		Range	36	, NI	мрм,	Lea	a County		Count	
III. DESIGNATION OF	TRANSPORTE	R OF OII	L AND	NATII	RAT. GAS					Count	
Name of Authorized Transporter	of Oil	or Condens	ate		Address (Give	e address to w	hich appr	oved copy of this	form is to be s	reni)	
Name of Authorized Transporter	of Coringhaud Con				1						
Name of Authorized Transporter Phillips 66 Nat	or Casingnean Gas	M_Gas	Corps	dixon	Address (Giw	address to w	hich appro	oved copy of this	form is to be s	ent)	
f well produces oil or liquids,		Try . I a			1 Penbrook, Ode			lessa, TY	ssa, TY 79762		
ve location of tanks.	_ i i	1	i		17		i w	hen?			
this production is commingled w	vith that from any other	er lease or po	ol, give o	comming	ing order numb	er		7/11/90			
V. COMPLETION DAT	<u>'A</u>					···					
Designate Type of Comp	oletion - (X)	Oil Well	Gas	Well	New Well	Workover	Deepe	n Plug Back	Same Res'v	Diff Res	
Pate Spriddeu	D _a ⊕ Compi	Ready to F	.v .		Total Depth		l	P.B.T.D.	<u> </u>		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
rforations											
								Depth Casir	ig Shoe		
	T	JBING, C.	ASING	AND (CEMENTIN	G RECORI	<u></u>				
HOLE SIZE	CASI	NG & TUBI	NG SIZE			EPTH SET			SACKS CEME	EAIT	
								`	ONORO DEMENT		
		 -									
TEST DATA AND RE	QUEST FOR AL	LOWAB	LE				·				
L WELL (Test must be	after recovery of total	l volume of le	oad oil a	nd must b	e equal to or es	rceed ton allow	unhla for i	ikin damek as ta e			
te First New Oil Run To Tank	Date of Test	<u></u>		1	Producing Meth	od (Flow, pur	ip, gas lifi	ns depin or be j , etc.)	or juli 24 hour.	s.)	
ngth of Test								,			
Tubing Pressure				(Casing Pressure			Choke Size	Choke Size		
tual Prod. During Test	Oil - Bbls.	Oil Phi			Water - Bbis.						
-	Oil - Bols.			1				Gas- MCF	Gas- MCF		
AS WELL							·				
tual Prod. Test - MCF/D	Length of Tes	<u> </u>			Oblo Conductor	- 0.0 (CE					
					Bbls. Condensate/MMCF			Gravity of Condensate			
ng Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
OPERATOR CERTI	FICATE OF C	OMPLL	ANCE								
hereby certify that the rules and	regulations of the Oil	Conservation	Ω	- 11	Ol	L CONS	SERV	ATION D	IVISIO	V	
Division have been complied with s true and complete to the best of	I and that the informat f my knowledge and h	uon given ab elief.	ove								
I I In	, <u>-8</u> - and 0				Date A	pproved		2Fh	<u>1 1</u> 199	IU	
Halleathe											
Signature Doot ho					By SAL SIGNED BY JERRY SEXTON APPROXICE I SUPERVISOR						
I. L. Deathe	Administra			/iso	-		J. 18 18	CTISUPERV	ISOR	¥	
SEP 6 1990	(915) 686-	Title -5400	:		Title				-		
Date		Telephone	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.

RECEIVED

SEP 1 0 1990

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HOBES OFFICE