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Appropriate District Office
DISTRICT |
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.	REQ	JEST F	OR ANS	ALLOV PORT	NA OII	BLE AN	ID AU	THOR	IZATION AS				
Operator CONOCO INC							Well API No.						
Address						 -			3	0-025-2	0022		
10 Desta Drive Ste	∍ 100W.	Midla	nd.	TX 7	797	05							
Reason(s) for Filing (Check proper box) New Well			_			XX	Other (P	•	•				
Recompletion	Oil	Change in	Dry	•		TO	SET	UP A	DDITION	AL GAS	TRANSPO	RTER	
Change in Operator	Casinghee	d Gas 🗌	_	denante									
If change of operator give name and address of previous operator									·			· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL	AND LE	ASE											
LANCE IF LYNN OUR EN UNITE					ckudi	ding Formation Kind of I							
Lestion	A11	6	LAI	NGLIE	MA	TTIX	RVRS	QGI	RAY XXX	Federal or F	■ B 1	506	
Unit Letter	. 660		F	From The	SO	UTH	••	198	30		EAST		
23			. Fee				Line and		·	est From The		Line	
Section Township	23 5	S	Rang		36	E	, NMPM	LEA	<u> </u>			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NA	TT II	RAL GA	\S						
Name of Authorized Transporter of Oil TEXAS NEW MEXICO PL CO.						Address (Give add			d copy of this		sent)	
- 4 4 4			~ n	ry Gas		P.O. BOX 2528, HOBBS, Address (Give address to which approved				NM. 88	NM. 88240		
TEXACO EXPL & PROD. INC	C <0223	XX 45>		., 		P.O.	BOX 3	3000 .	TULSA.	OKLA.	jorn is to be 74102	sent)	
If well produces oil or liquids, rive location of tracks.	Unit	Sec.	Twp.			is gas act	ually com		When				
f this production is commingled with that f	M I	23	23	S 36	<u>K</u>	YI							
V. COMPLETION DATA		u ,	 , 1	pve comm		rail coost 1							
Designate Type of Completion -	. 00	Oil Well	Ţ	Gas Wel	i	New W	ell Wa	kover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	L Ready to	Prod	 -		Total Dec	<u>th</u>		<u> </u>	P.B.T.D.	<u> </u>	L	
	•									P.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations						Top Oil/Ges Pay				Tubing Dog	Tubing Depth		
										Depth Casing Store			
	Т	UBING,	CAS	ING AN	ND (CEMEN	TING F	ECOR	<u>D</u>	<u> </u>			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET					SACKS CEMENT		
										-			
					\rightarrow					-	 	 -	
TEST DATA AND DEOLIES	T FOR A		87.										
I. TEST DATA AND REQUES OIL WELL (Test must be efter re					mest i	he agual so	07 ETC84	i son ello	unble for thi	e dosth or he	for full 24 ha	uee)	
OIL WELL (Test must be after recovery of total volume of load oil and must be first New Oil Rus To Task Date of Test						Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure					Casing Pro				Choks Size			
	1 cong 1 cons												
Actual Prod. During Test	Oil - Bbis.					Water - E	de			Gas- MCF		,	
GAS WELL			_		1				· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Actual Prod. Test - MCF/D	Length of To					Bbis. Com	Meteores	MCF		Gravity of C	cadensate		
ing Method (pitot, back pr.) Tubing Pressure (Shut-in)						и . к	78			ļ			
eating meason (puter, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size			
L OPERATOR CERTIFICA	TE OF	COMPI	LIA	NCE	\exists								
I hereby certify that the rules and regular	tions of the C	Dil Conserve	Nice				OIL	CON	SERV	ATION	DIVISIO	NC	
Division have been complied with and the is true and complete to the best of my kn	nat the inform nowledge and	nation gives I belief.	abov	re			.			ברס מי	4 4001		
B. 05%	_	_				Da	te App	OLO ABC	·	FEB 2	1 1337		
Simeters Simeters	W	<u> </u>			.	Ву							
BILL R. KEATHLY SR. REGULATORY SPEC.						ORIGINAL SIGNED BY JERRY CENTRAL							
terreted blooms						i				a at acki	CL DEXIL	N	
Printed Name 2-16-94	915-6	 686-542	Tille			Titl			DISTRICT	SUPERVI:	SOR	N 	

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.