| NO. OF COPIES RECI | EIVED | |
|--------------------|-------|---|
| DISTRIBUTIO | ON | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| | -10- | 1 |

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

| | SANTA FE | | REQUEST F | | edes Old C-104 and C-110 ve 1-1-65 | | | | |
|---|--|-------------------|--|---|--|----------------------------|--|--|--|
| | FILE | | AND Effective 1-1-65 | | | | | | |
| | U.S.G.S. | | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | | |
| | LAND OFFICE | | | | | | | | |
| - 1 | TRANSPORTER - | OIL | | | | | | | |
| 1 | | GAS | | | • | | | | |
| - } | OPERATOR | | | | | | | | |
| I. | PRORATION OFFI | CE | | CASERCING | AB CAR MOOR | Next Parish Streets | | | |
| 1 | CONOCO INC. CASENCINEAD GAS MOST NO STATE OF THE CONOCO INC. | | | | | NOI BE | | | |
| } | Address | | | | The same of the same | | | | |
| | P. C |). Box 460, Ho | bbs, N.M. 83240 | ks obtimen | AS OBTIMINED. | | | | |
| ŀ | Reason(s) for filing (Check proper box) Other (Please explain) | | | | | | | | |
| į | New Well | X | Change in Transporter of: | - request | 11. 16 | can's an anal | | | |
| | Recompletion | | Oil Dry Gas | | covacu. | man growing | | | |
| | Change in Ownership | | Casinghead Gas Condens | sate The Fais | newly a | repleted well | | | |
| ı | | | | | / | • | | | |
| | If change of ownersh | ip give name | | <i>V</i> | | | | | |
| | and address of previous owner | | | | | | | | |
| II. | II. DESCRIPTION OF WELL AND LEASE | | | | | | | | |
| | Lease Name | 0 31 | Well No. Pool Name, Including Fo | - 1111- | of Lease | Lease No. | | | |
| | Mener | 13-3/ | 174 Jalmut | a NSI / YETS State | Federal Fee | M 13126 | | | |
| | Location | 1 | / Seven Rivers | | 15 | | | | |
| | Unit Letter | - 66 | 6 Feet From The Line | e and Feet | From The | | | | |
| | | | | 7/.F | 100 | | | | |
| | Line of Section | 3/ Town | nship 22-3 Range | 36-E, NMPM, | | County | | | |
| | | • | | ~ | | | | | |
| III. | DESIGNATION OF | TRANSPORT | FR OF OIL AND NATURAL GA | Address (Give address to which | h approved copy of this | form is to be sent) | | | |
| | Name of Authorized T | ransporter of OII | or condensate | 416- No. | Mesin | E240 | | | |
| | 'Name of Authorized T | w Mexes | inghead Gas or Dry Gas | Address (Give address to which | h approved copy of this | form is to be sent) | | | |
| | | | 1/ - 201-10" | thills No. | Merica | 88240 | | | |
| | | -74. | Unit Sec. Twp. Rge. | Is gas actually connected? | When | | | | |
| | If well produces oil o | | 1 31 22 36 | NO | auritiNe | Connection | | | |
| | | | 17 12 66 10 | <u> </u> | • | | | | |
| If this production is commingled with that from any other lease or pool, give commingling order number: | | | | | | | | | |
| IV. | COMPLETION DA | | Oil Well Gas Well | New Well Workover Dee | pen Plug Back S | Same Res'v. Diff. Res'v. | | | |
| | Designate Type | e of Completio | n = (X) | X | į į | 1 | | | |
| | Date Spudded | | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | 2 C 2 C - | | | |
| | 9-8 | 79 | 10-29-79 | 3880 | | 3835 | | | |
| | Elevations (DF, RKB | | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | 711-1 | | | |
| | 3 | 511 | 1stes - luk | 3580 | <u> </u> | 776 | | | |
| | Perforations | | | | Depth Casing | 500e | | | |
| | | 550 | + 3736 | | | | | | |
| | | | | CEMENTING RECORD | | | | | |
| | HOLE | SIZE | CASING & TUBING SIZE | DEPTH SET | SAC | KS CEMENT | | | |
| | 12 | Y4 | 8 3/5/ | 1470 | 6 | <u>3/</u> | | | |
| | 77 | | 51/2 | 3.8-8.3 | | <u> </u> | | | |
| | | <i></i> | 2.3/5/ | 3 146 | | | | | |
| | L | | | <u> </u> | | | | | |
| V. | TEST DATA AND | REQUEST FO | OR ALLOWABLE (Test must be a | fter recovery of total volume of i | load oil and must be equ | at to or exceed top allow- | | | |
| | Oll. WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, Dump, Yas lift, etc.) | | | | | | | | |
| | Date First New Dir | (7) | 3-18-80 | | | | | | |
| | Length of Test | 00 | Tubing Pressure | Casing Pressure | Choke Size | 4.0 | | | |
| | 246 | ~,, | 40 05 5 | 400 | SI | NH | | | |
| , | Actual Prod. During | Test | Oil-Bbls. | Water-Bbls. | Gas-MCF | 7 | | | |
| | 70,24, 1.54, 2.44, | | 2 | 10 | - | 42 | | | |
| | <u> </u> | | <u> </u> | | 20 21 | 4 4 | | | |
| | CAC WELL | | | 60 |) <u> </u> | 000 | | | |
| | GAS WELL Actual Prod. Test-N | MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Co | ndensate | | | |
| | | | | | | | | | |
| | Testing Method (pito | ot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | |
| 47 | CERTIFICATE OF COMPLIANCE , OIL CONSERVATION COMMISSION | | | | | | | | |
| VI. CERTIFICATE OF COMPLIANCE | | | and 1981 | | | | | | |
| | I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | APPROVED | | | | | |
| | | | | 11 1/21/1/ | - Color Polon | | | | |
| | | | | BY | BY WALL WALL DESCRIBE | | | | |
| <u>'</u> [| | | | والمنفسلة لسلس ية في السينة (شاسا الا الم | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | | | |

Bu A. lu (Signature) Administrative Supervisor

MAR 3 1 1980 Nmocs (5) NmFu(4) USGS(2) file(1)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.