Submit 5 Copies
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, Anesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

| 1000 Rio Brazce Rd., Azzec, NM 87410 I. | REQU | | R ALLOWA SPORT OI | | | | | | | |
|---|--|----------------------------------|------------------------------|--|--|-----------------|---------------------------------------|----------------|---------------|--|
| Operator | | 10 11000 | 01 0111 01 | 27110 147 | WOTINE C | | API No. | | | |
| Ralph E. Williamso | <u>n</u> | | | | | 30- | 025-084 | 06 | | |
| Address P.O. Drawer 994, M | idland | TY 707 | 0.2 | | | | | | | |
| Reason(s) for Filing (Check proper box) | idiand, | 11 / 9/ | 02 | Ott | her (Please expl | lain) | | | · | |
| New Well | | Change in Tr | | | • | • | | | | |
| Recompletion X | Oil | | ry Gas | | | | | | | |
| 16.1 | Casinghea | | ondensate | | | <u></u> | | | | |
| If change of operator give name and address of previous operator Con | oco Inc. | , 10 De | sta <u>Crive</u> | , Suite | 100W, M | idland, | TX 797 | 05 | | |
| II. DESCRIPTION OF WELI | AND LEA | | | | | | | | | |
| Lease Name Goedeke F odera 1 | | Well No. Po | ool Name, Includ | _ | | | of Lease No. Federal or Fee NM 147764 | | | |
| Location | | 1 ! | Salado D | raw (Dei | | - | | NM-1 | <u> 47764</u> | |
| Unit Letter0 | :6 | 60F | est From The \underline{S} | outh_Lir | se and198 | 30 Fe | set From The | East | Line | |
| Section 10 Towns | hip 26 | South R | ange 33 | East, N | МРМ, | Lea | | | County | |
| III. DESIGNATION OF TRA Name of Authorized Transporter of Oil | | R OF OIL | | RAL GAS | we adtress to w | hich approved | Comp of this f | orm is to be - | | |
| Conoco Inc | | | | | Address (Give address to which approved copy of this form is to be sent) 1406 North West County Raod, Hobbs, NM 88240 | | | | | |
| Name of Authorized Transporter of Casinghead Gas X or Dry Gas | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| Phillips 66 Natural If well produces oil or liquids, | Phillips 66 Natural Gas well produces oil or liquids, Unit Sec. Twp. Rge. | | | 4001 E | 4001 East Penbrook, Odessa, TX 7976? | | | | | |
| give location of tanks. | Unuit 0 | | wp. | Is gas actual! | y connected? | When | 7 | | | |
| If this production is commingled with the IV. COMPLETION DATA | | | | ling order num | iber: | | | | | |
| Designate Type of Completion | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded | Date Comp | i. Ready to Pr | vd. | Total Depth | | | P.B.T.D. | | • | |
| Elevations (DF. RKB, RT, GR, etc.) | DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | | Depth Casing | g Shoe | | |
| | Т | UBING. C. | ASING AND | CEMENTI | NG RECOR | ח | | | i | |
| HOLE SIZE | | | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| V. TEST DATA AND REQUE OIL WELL Test must be after | | | | | | | | | | |
| OIL WELL (Test must be after Date First New Oil Run To Tank | Date of Tes | | oad oil and musi | be equal to or | exceed top allo ethod (Flow, pu | owable for this | s depth or be f | or full 24 hou | rs.) | |
| | 3 | • | | i rooseing ivi | culou (7 10W, pa | erφ, gω 191, ε | ac.) | | | |
| Length of Test | Tubing Pres | Tubing Pressure | | | Casing Pressure | | | Choke Size | | |
| Actual Prod. During Test | Oil - Bbls. | | | Water - Bbls. | Water - Bbls. | | | Gas- MCF | | |
| GAS WELL | | | | 1 | | 1,1- | | | . <u></u> | |
| Actual Prod. Test - MCF/D | Length of T | est | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | |
| Testing Method (pitot, back pr.) | Tubing Pres | Tubing Pressure (Shut-in) | | | Casing Pressure (Shut-in) | | | Choke Size | | |
| VI. OPERATOR CERTIFIC | CATE OF | COMPL I | ANCE | 1 | | | 1 | | | |
| I hereby certify that the rules and regularision have been complied with an | ulations of the (| Dil Conservati nation given a | on | | OIL CON | ISERV | NOITA | DIVISIO | N | |
| is true and complete to the best of my | knowledge an | d belief | | Date | Approve | d | | | | |
| Kala D. Schmidt | | | | | Date Approved | | | | | |
| Signature KALA D. SCHMIDT | | 'AGEN | T | By_ | | | | | | |
| Printed Name 4-30-91 | | Tit | lie 💮 | Title | | | | | | |
| Date | 9 | 5 683- Telepho | | | | | | | | |

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.