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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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

<u> PISTRICT III</u>	
1000 Rio Brazos Rd., Aztec, NM 87410	
_	REQUEST FOR AL
I.	TO TO ANODO

I. 1000 Rio Brazos Rd., Azzec, NM 8	REQUEST	T FOR ALLO	WABLE AND A	UTHORI	ZATION	I			
Operator CONOCO IN.	TO TRANSPORT OIL AND NATURAL GAS					Well API No.			
Address					3	300251066100			
PO BOX 1959	MIDLE	AND, TX	79705						
Reason(s) for Filing (Check proper New Well	bax)	ge in Transporter o	Other	(Please explo	ain)				
Recompletion	Oil	Dry Gas	————————————————————————————————————						
Change in Operator If change of operator give name	Casinghead Gas	Condensate							
and address of previous operator									
IL DESCRIPTION OF WE	LL AND LEASE								
STEVENS B	Well ?		ncluding Formation	0.		of Lease		Lease No.	
Location		JALM	IAT VATES	<u>GAS</u>	SCHE	, Federal or Fe	<u> 10710</u>	<u>30556 E</u>	
Unit Letter	<u> </u>	Feet From Th	e _5047H Line ar	nd 99	70 p	eet Fmm The	WES	7 Line	
Section 7 Tow	ventip 235	Range	77/-					Libe	
				м,	LE	<u>H</u>		County	
II. DESIGNATION OF TR Name of Authorized Transporter of C	RANSPORTER OF	OIL AND NA	TURAL GAS		 — —				
	1 1 555		Address (Give ac	idress to whi	ich approvei	d copy of this ;	form is to be s	ent)	
Name of Authorized Transporter of C PHILLIES 66 NAT	aninghead GapM Go	S CO Pry Gas F	Address (Give ou	idress to whi	ch approved	copy of this	form is to be s	ent)	
I well produces oil or liquids,	Unit Sec.	1 4 7	Rge. Is gas actually co	EXPOS	500K3	$\frac{2}{2}$ OX	SSA, TX	(79762	
ve location of tanks.	i i	i i	VEC	unected?	Whea	8-20)-91)		
this production is commingled with V. COMPLETION DATA	that from any other lease	or pool, give come	ningling order number:						
	Oil W	ell Gas We	II New Well W	orkover	Deepen	Diug Dack	Same Res'v	bier n. i.	
Designate Type of Complete		i	ii		Decheil	Flug Back	Same Kes v	Diff Res'v	
	Date Creopi. Ready	lo Prod.	Total Lepth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay	Top Oil/Gas Pay			Tubing Depth		
rforations		!	<u> </u>						
						Depth Casin	g Shoe		
HOLE SIZE	TUBING	G, CASING A	ND CEMENTING	RECORD					
HOLE SIZE	CASING &	TUBING SIZE	DEI	PTH SET		s	ACKS CEME	ENT	
			1			ļ			
		··· <u>·</u>							
TEST DATA AND REQU									
IL WELL (Test must be afu ue First New Oil Run To Tank	er recovery of total volume	e of load oil and m	ust be equal to or exce	ed top allow	able for this	depth or be fo	or full 24 hour	s.)	
	Date of Test		Producing Method	(Fiow, pump	o, gas lift, ei	c.)			
nigth of Test	Tubing Pressure		Casing Pressure	Casing Pressure			Choke Size		
tual Prod. During Test	al Prod. During Test Oil - Bbls.		Water - Bbls.	Water - Phis			Gas- MCF		
			l de la constant			OAS- MICE			
AS WELL									
tual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate			
ting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
L OPERATOR CERTIFI	CATE OF COM	PLIANCE	OII	CONS	EDVA	TIONE	NVICIO:		
I hereby certify that the rules and reg Division have been complied with an	ed that the information give	rvation ven above		CONO	ı⊏⊓VA	I ION L	IVISIO		
is true and complete to the best of m	y knowledge and belief.		Date Ap	proved		1	על נול ו		
HABLA SHO					Ori	g. Signe.			
Signature H.L. DEATHE AI	MAIAUC+AA+UC	C 11 0 - 0 11 11 11	, ∥ By	By Paul Kautz Geologist					
Printed Name	DMINISTRATIVE S	Title	11		ار	Teligorostst.			
SEP 6 1990 Date	(915) 686-59	+00 ephone No.	Title						
•	1 616	ри лик 140.	11						

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.