Submit 5 Copies 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

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410 L.				-		AUTHOR						
Operator .	···	TO THA	NSP	OHIO	IL AND NA	ATURAL G		API No.	 -	····		
Santa Fe Exploration Company							30-025-21230					
Address P. O. Box 1136, Roswe	ell, Ne	w Mexi	co i	88202-	1136		,					
Research(s) for Filing (Check proper bex)	<u> </u>			· · · · ·	o	ther (Please exp	lain)					
New Well Recompletion	Oil	Change in	Transp Dry G									
Change in Operator		_	Conde	_								
If change of operator give name and address of previous operator Cond	oco Inc	., P. (О. В	ox 460	, Hobbs,	New Mex	ico 882	40		 J		
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name State "A"					ding Formation			of Lease	L	ease No.		
Location A			Sta	CETTHE	Ellenbu	rger	State,	PRODUCTION OF THE	B-2	657		
Unit Letter H	: 198	0	Post P	rom The	North L	ne and66	0 P	set From The	East	Line		
Section 5 Township	- 24	South	Dance	38	East .	D. 070. /			Lea			
						NMPM,			Dea	County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF OF OI		D NAT	URAL GAS	ine address to v	hich annous	l same of this fee	- is to be a			
Conoco Inc. Surface			-		P. 0.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1959, Midland, Texas 79702						
Name of Authorized Transporter of Casing Union Oil Company of		XX rnia	or Dry	Gas _		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1749, Andrews, Texas 79714						
If well produces oil or liquids,	Unit		7w, 24S	Re	a. Le mas actus	BOX 1/49 By connected?	Whea	7	79/14			
rive location of tanks.	F							N/A				
If this production is commingled with that in IV. COMPLETION DATA	HORE MEY CO	ret lease of	loar' Br	We commu	iging order mix	nber:						
Designate Type of Completion	- (20)	Oil Well	1	Gas Well	New Wel	Workover	Deepea	Plug Back S	ame Res'v	Diff Res'v		
Date Spudded		pl. Ready to	Prod.		Total Depth	<u> </u>	J	P.B.T.D.		<u> </u>		
Flumings (DE DER DE CD etc.)	Name of B	boducina Bo			Top Oil/Ga	t Pav	,					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			.,	,		Tubing Depth						
Perforations	•							Depth Casing	Shoe			
	7	UBING,	CASI	NG AN	D CEMENT	ING RECOR	SD O					
HOLE 8:ZE	CA	SING & TU	BING	SIZE		DEPTH SET	<u> </u>	SA ,	CKS CEM	ENT		
												
			-					<u> </u>				
V. TEST DATA AND REQUES					<u>.l.,.</u>			<u>.</u>				
OIL WELL (Test must be after re	Date of Te		of load	oil and mi		or exceed top all viethod (Flow, p			full 24 hou	rs.)		
Della Landa On Mar 10 107	Date of 16	P as		٠.								
Length of Test	Tubing Pro	ES SUITS		-	Casing Pres	aure		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbi	la.		Gas- MCF				
GAS WELL	<u> </u>				<u></u>		- :	.1.,				
Actual Prod. Test - MCF/D	Length of	Test	 -		Bols. Cond	easate/MIMCF		Gravity of Co	ndensate			
Testing Method (pitot, back pr.)	Tubing Pr	essire (Shut	-ia)	<u></u>	Casing Pres	sure (Shut-ia)	<u> </u>	Choke Size	 -			
VI. OPERATOR CERTIFIC				NCE		OIL COI	NSERV	ATION D	IVISIO	N		
I hereby certify that the rules and regul Division have been complied with and	that the info	rmetice giv		•	 				141			
is true and complete to the best of my l	knowledge s	ad belief.			Dat	e Approve	∍d					
Kichard Gilla	nd.				D.,							
SIGNATURE C. GILLILANT	FATE	DLEUM	ENG	INFER	By.							
Printed Name			Title		Title	9	 		· · · · · · · · · · · · · · · · · · ·	·		
JULY 5, 1991 Date	(505) 6		phone l	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.

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OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

·	T(OTRANS	SPORT O	L AND NA	TURAL GA						
Conoco Inc.			1	30-025-21230							
P. O. Box 460,	Hobbs, 1	New Mex	ico 882	40							
ason(s) for Filing (Check proper box) www.Well completion cange in Operator	Oil Casinghead	hange in Tra Dr Gas Co		Oth	et (Please expla	in)					
hange of operator give name											
• •	AND FEAT	717									
DESCRIPTION OF WELL ease Name State "A"		Well No. Pool Name, Including Formation 1 State Line Ellenburge					of Lease Federal or Fe		ase No. 7		
Unit Letter H	_:_1980	Fe	eet From The _	North Lin	e and660	Fe	et From The	East	Line		
Section 5 Townsh	ip 24S	R	ange 38E	, N	MPM,	Lea			County		
I. DESIGNATION OF TRAP	SPORTER	OF OIL	AND NAT	URAL GAS					. —		
lame of Authorized Transporter of Oil		or Condensat		Address (Giv	e address to wh						
onoco Inc. Surface Tr	P. O. Box 2587, Hobbs, New Mexico 83240 Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casis nion Oil Company of C	-		Dry Gas	• 1							
f well produces oil or liquids,		wp. Rg		619 West Texas Ave., Market 18 gas actually connected? When							
ve location of tanks.		5 2	4S 38E	Yes			3-14	<u> –66</u>			
this production is commingled with that	from any othe	r lease or poo	ol, give commi	ngling order num	ber:						
V. COMPLETION DATA Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v		
Pate Spudded	Total Depth	<u> </u>	<u> </u>	P.B.T.D.							
levations (DF, RKB, RT, GR, etc.)	B, RT, GR, etc.) Name of Producing Formation						Tubing Depth				
Perforations							Depth Casi	ng Shoe			
		JBING, C	ASING AN	D CEMENT	NG RECOR	D					
HOLE SIZE					DEPTH SET		SACKS CEMENT				
. TEST DATA AND REQUE	ST FOR A	LLOWAL	BLE					C- 63134 E.	1		
OIL WELL (Test must be after Date First New Oil Run To Tank	Producing N	t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	Tubing Pres	sure		Casing Pres	sure		Choke Size				
Actual Prod. During Test	Oil - Bbls.		<u> </u>	Water - Bbl	§.	<u> </u>	Gas- MCF				
GAS WELL											
Actual Prod. Test - MC.F/D	Length of	(est		Bbls. Conde	nsate/MMCF		Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pre	ssure (Shut-i	n)	Casing Pres	sure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFI I hereby certify that the rules and reg					OIL CO	VSERV	'ATION	DIVIS	NC		
Division have been complied with an is true and complete to the best of m	ad that the infor	mation giver	above	Dat	e Approve	ed	MAR (8 1990)		
Maxime S	I. empson	٠				-	Orig.Si				
Signature W. W. Baker, Admin	<i>U</i> istrativ			- By			Geni	igis t			
Printed Name 3-1-90 (505) 397-58	00	Title	- Titl	e						

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