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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
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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

ſ <b>.</b>	TIEQO	TOTRA	NSF	PORT OIL	AND NA	TURAL GA	S				
penator							Well A				
Santa Fe Explora	tion (	Compa	ny		<del></del>		30	)-025-2	1231		
Address P. O. Box 1136,	Roswe	11, N	M	88202-	1136		·				
Reason(s) for Filing (Check proper box)		<b>~</b>			Où	vet (Please expla	in)				
New Well  Recompletion	Oil	Change in	Dry C								
Change in Operator	Casinghea	d Gas 🗍	•	ensate						İ	
f change of operator give name nnd address of previous operator Con			. 0	. Box	460, H	obbs, NM	1 8824	0			
I. DESCRIPTION OF WELL A	ND LE	ASE									
Lease Name		Well No.	Pool	Name, Includ	ing Formation			Lease		Lease No.	
State "A"	2 Stateline Ellenburger						State,)	redecutor Res	B-2	057	
Unit Letter C	. :7	52	, Feet l	From The	orth Lin	209	) 2 Fo	st From The _	West	Line	
Section 5 Township	24	S	Rang	<b>3</b> 8E	, N	<mark>мрм,</mark> Lea	a		20-1-7	County	
TI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TA'd											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  TA d  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)								tent)			
Name of Authorized Transporter of Casing	head Gas		or Dr	y Gas 🔲	Address (Gi	ve address to wh	ich approved	copy of this fo	rm is to be	rent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	. Is gas actually connected? When ?						
f this production is commingled with that fi	rom any oth	er lease or	pool, g	zive comming	ling order num	nber:					
V. COMPLETION DATA					~	<u></u>					
Designate Type of Completion -		Oil Well	_i_	Gas Well	New Well	i	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth			
Perforations					.L	Depth Casing Shoe					
	CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
	<u> </u>				<del> </del>			<u> </u>			
					<del>                                     </del>						
V. TEST DATA AND REQUES OIL WELL (Test must be after re					s be equal so o	r exceed top allo	wable for this	depih or be j	or full 24 ho	urs.)	
Date First New Oil Run To Tank		Producing M	lethod (Flow, pu	mp, gas lift, e	lc.)						
Length of Test	Tubing Pressure			Casing Press	aure		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	S.		Gas- MCF			
GAS WELL	L				. <del></del>			1			
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conde	ante/MMCF		Gravity of C	ondennate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pres	sure (Shut-in)	· · · · · · · · · · · · · · · · · · ·	Choke Size			
THE OPERATOR CONTRACTOR	<u> </u>	7.000.0	77 7 A	NOTE	<del>-</del>	<del></del>		<u></u>			
VI. OPERATOR CERTIFIC.  I hereby certify that the rules and regula	ations of the	Oil Conse	rvation	1		OIL CON	ISERV	ATION			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Dat	Date Approved					
June a Royal						. It has <b>k</b> E					
Janet A. Royal, Production Analyst						By Sud Kanta					
Printed Name April 13, 1992 (505) 623-2733						)	<del></del>				
Date	<u> </u>		ephone	e 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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DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

NO RIO BIZZOS Rd., AZZEC, NM 8/41	REQU					AUTHORII TURAL GA						
Conoco Inc.	r						Well API No. 30-025-21231					
Idress 7.00 P. 4.00		N - M -		- 000/						-,		
P. O. Box 460	<u> </u>	New Me	xıc	o 8824		ner (Please expl	ain)					
ew Well	,	Change in	[ransp	orter of:		,	•					
completion	Oil	XX	Dry C	ias 🗆								
nange in Operator	Casinghe	ad Gas 🔲	Conde	ensate 🗌								
hange of operator give name address of previous operator												
DESCRIPTION OF WEL	I. AND I.E	ASE	-									
ease Name	E RIVE DE	Well No. Pool Name, Including						of Lease	f Lease No. Federal or Fee B-2657			
State "A"		2	Sta	te Line	Ellenb	urger	State,	receiler or rec	B-263			
Unit Letter C	;7	52	Feet l	From The N	orth Li	ne and2092	2 Fe	et From The _	West	Line		
	ship 24S		D	. 38E		TA CDA C	Lea			County		
Section 5 Town	ship 24S		Range	306	, <u>r</u>	IMPM,	Lea			county		
I. DESIGNATION OF TRA	,			ND NATU	RAL GAS	ive address to w	hich approved	come of this for	rm ie to he se	mt)		
ame of Authorized Transporter of Oi	MAX.	or Condens	MALE		1							
Conoco Inc. Surface Transportation				v Gar		Box 2587						
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Union Oil Company of California					Address (Give address to which approved copy of this form is to be sent) 619 West Texas Ave. Midland Texas 797							
well produces oil or liquies,	Callion   Unit		Twp.	Rge.		St lexas lly connected?	AVE., M When		rexas	1 <del>7</del> 1 U I		
well produces on or inquits, ve location of tanks.	I H	•	245		No	_,		Well is	S.T.			
this production is commingled with the COMPLETION DATA	hat from any of	her lease or p	ool, g	rive comming	ling order nur		Deepen	Plug Back	Same Res'y	Diff Res'v		
Designate Type of Completi		_ <b>i</b>	_i_		<u>i</u>	_i	<u>i</u>	<u>ii</u>		<u>i                                    </u>		
ate Spudded	Date Con	pl. Ready to	Prod.		Total Depth	l		P.B.T.D.				
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	s Pay		Tubing Depth				
erforations					<u> </u>		····	Depth Casing	Shoe	,		
<del> </del>		TUBING.	CAS	ING AND	CEMENT	ING RECO	<u></u>	1		<del></del>		
HOLE SIZE		ASING & TU				DEPTH SET		S	ACKS CEM	ENT		
					ļ	<del> </del>		-				
					<del> </del>					<del></del>		
. TEST DATA AND REQU	JEST FOR	ALLOWA	BL	Ē	.l							
IL WELL (Test must be af	ter recovery of	total volume	of loa	d oil and mus	t be equal to	or exceed top al	lowable for thi	is depth or be f	or full 24 hou	<b>7</b> 5.)		
ate First New Oil Run To Tank	Date of T			·······		Method (Flow, p						
ength of Test	Tubing P	Tubing Pressure				ssure		Choke Size				
				Water - Bb	le .		Gas- MCF					
Actual Prod. During Test	Oil - Bbl	s.			Water - Bo							
GAS WELL									<del></del> -			
Actual Prod. Test - MCF/D	Length o	Length of Test				ensate/MMCF		Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing F	Tubing Pressure (Shut-in)				ssure (Shut-in)		Choke Size				
VI. OPERATOR CERTIE	FICATE O	F COMP	LIA	NCE	1	011 00	NOCOL	ATION		<b>N!</b>		
I hereby certify that the rules and a Division have been complied with	egulations of the	ne Oil Conser	vation	1		OIL CO	NSEKV	AHON! M	XK 13.8	130 C		
is true and complete to the best of					Da	te Approv	ed					
Dayine	Acmp	04						Ori	ig. Sigre	ll.p		
Signature W. W. Baker, Admi			rvi	sor	Ву			F	Paul Kry: Geologiai			
Printed Name			Title		Titl	e			_			
3-1-90 (505)	<u>397–5800</u>		enhon	e No.								

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