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State of New Mexico  
Energy, Minerals and Natural Resources Department

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

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Canoco Inc. Well API No. 30-025-31307  
Address 10 Desta Drive Ste 100W, Midland, TX 79705  
Reason(s) for Filing (Check proper box) ☐ New Well ☒ Recompletion ☐ Change in Operator ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain) Cancel Previous Filing  
If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>STATE A-2</u>	Well No. <u>4</u>	Pool Name, including Formation <u>JUSTIS BLINEBRY</u>	Kind of Lease <u>State</u> Federal or Fee	Lease No. <u>E-2657</u>
Location Unit Letter <u>J</u> : <u>2130</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>2</u> Township <u>25 S</u> Range <u>37 E</u> , <u>NMPM</u> , <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>TEXAS-NEW MEXICO PIPELINE CO</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 2528, HOBBS, NM</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>PHILLIPS 66 NATURAL GAS CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 PEMBROOK, ODESSA, TX. 79760</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>2</u>	Twp. <u>20S</u>	Rge. <u>37E</u>	Is gas actually connected? <u>YES</u>	When? <u>11-25-92</u>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <u>XX</u>	Gas Well	New Well	Workover	Deepen	Plug Back <u>XX</u>	Same Res'v	Diff Res'v <u>XX</u>
Date Spudded <u>7-26-91</u>	Date Compl. Ready to Prod. <u>11-23-92</u>		Total Depth <u>5910</u>		P.B.T.D. <u>5650</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>KB 3162.5</u>	Name of Producing Formation <u>BLINEBRY</u>		Top Oil/Gas Pay <u>5082</u>		Tubing Depth <u>5033</u>			
Perforations <u>5080 - 5428</u>					Depth Casing Shoe <u>6863</u>			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>13 3/8</u>	<u>353</u>	<u>370</u>
<u>12 1/4</u>	<u>9 5/8</u>	<u>4600</u>	<u>1850</u>
<u>8 3/4</u>	<u>7</u>	<u>6910</u>	<u>1200</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  
Date First New Oil Run To Tank 11-25-92 Date of Test 11-30-92 Producing Method (Flow, pump, gas lift, etc.) FLOWING  
Length of Test 24 HR Tubing Pressure 75 Casing Pressure \_\_\_\_\_ Choke Size 20/64  
Actual Prod. During Test \_\_\_\_\_ Oil - Bbls. 21 Water - Bbls. 5 Gas - MCF 55

GAS WELL

Actual Prod. Test - MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate/MMCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
Testing Method (pilot, back pr.) \_\_\_\_\_ Tubing Pressure (Shut-in) \_\_\_\_\_ Casing Pressure (Shut-in) \_\_\_\_\_ Choke Size \_\_\_\_\_

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature BILL R. KEATHLY SR. REGULATORY SPEC.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Date 12-1-92 Telephone No. 915-686-5424

OIL CONSERVATION DIVISION

Date Approved DEC 03 '92

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title \_\_\_\_\_

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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