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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Conoco Inc.	Well API No.	
Address	10 Desta Drive STE 100 W, Midland, TX 79705	30-025-31307	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)			
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	STATE A-2	Well No.	4	Pool Name, Including Formation	JUSTIS TUBB-DRINKARD	Kind of Lease	State, Federal or Fee	Lease No.	B-2657
Location	Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 2 Township 20 S Range 37 E NMPM LEA 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"/>	Address (Give address to which approved copy of this form is to be sent)	P.O. BOX 2528, HOBBS, NM 88240
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	4001 PENBROOK, ODESA, TX. 79760
If well produces oil or liquids, give location of tanks.	Unit J Sec. 2 Twp. 20S Rge. 37E	Is gas actually connected?	YES
		When?	10-11-91

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	7-26-91	Date Compl. Ready to Prod.	10-10-91	Total Depth	6910	P.B.T.D.	6860	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation	DRINKARD	Top Oil/Gas Pay	5780	Tubing Depth	5648	
Perforations	5780 - 6158					Depth Casing Shoe	6863	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	353	370					
12 3/4	9 5/8	4600	1850					
		6910	1200					

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	10-11-91	Date of Test	10-16-91	Producing Method (Flow, pump, gas lift, etc.)	FLOWING
Length of Test	24 HR	Tubing Pressure	230	Casing Pressure	
Actual Prod. During Test	134	Oil - Bbls.	125	Water - Bbls.	30
				Gas- MCF	486

GAS WELL

Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (puot, 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.
Printed Name BILL R. KEATHLY, SR. STAFF ANALYST
Date 10-21-91 Title
Telephone No. 915-686-5424

OIL CONSERVATION DIVISION

Date Approved 10/21/91
By JOHN W. L. 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.