

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

30-015-23921

5-NMOCC-Artesia  
1-J. L. Conquest-Ft. Worth  
1-File **RECEIVED**

FEB 26 1982

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL 1
	NAT 1
OPERATOR	1
PRODUCTION OFFICE	

Operator  
Threshold Development Company  
Address  
114 N. Big Spring St., Suite 1400, Midland, Texas 79701-4558O. C. D.  
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Recompletion <input type="checkbox"/>	FLARED AFTER 4-1-82
Change in Ownership <input type="checkbox"/>	UNLESS AN EXCEPTION TO Rule 306
	IS OBTAINED

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Conoco "7" State	6	E. Millman Queen-Grayburg	State, Federal or Fee State	B-8096
Location				
Unit Letter	C	660 Feet From The north Line and 1740 Feet From The west		
Line of Section	7	T. W. 19S	Range 29E	NMPM, Eddy 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)
Conoco, Inc.	P.O. Box 2587, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco, Inc.	P.O. Box 2587, Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
C 7 19S 29E	no yes Approx. April 1, 1982

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Fr.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-30-81	1-12-82	2549'	2509'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3374' GR	Grayburg	2106' 2165'	2284'					
Perforations			Depth Casing Shoe					
2165-2186' & 2214-2238'			2549'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	385'	400 sx Class C
7-7/8"	4-1/2"	2548'	884 sx Class C
	2-3/8"	2284'	

## 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 of  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-16-82	2-21-82	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	55 psi	35 psi	--
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF
6 BO, 77 BW	6	77	7

Posted ID-2  
Comp. Book  
COI-COI  
3-5-82

GAS WELL		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## I. 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.Peggy A. Redman  
(Signature)  
Engineer Assistant  
(Title)  
February 24, 1982  
(Date)

## OIL CONSERVATION DIVISION

APPROVED MAR - 1 1982

BY W. A. Gressett  
SUPERVISOR, DISTRICT IITITLE  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper  
well, this form must be accompanied by a tabulation of the device  
tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all  
able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of condition.  
Separate Form C-104 must be filled for each pool in multi-  
completed wells.