

OIL CONSERVATION DIVISION

Drawn By Artesia, N.M.

DISTRICT OFFICE II

July thru December 1989

NO. 2000 T

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE June 21, 1989

PURPOSE ALLOWABLE ASSIGNMENT - TESTING

Effective June 1, 1989 a testing allowable of 225 barrels of oil for Conoco Inc., Parkland Federal 5-00-12-12-25 in the Dwyer Draw Under Penn. North is hereby assigned for the month of June 1989.

W/r

Conoco Inc.

CC

OIL CONSERVATION DIVISION

[Signature]
DISTRICT SUPERVISOR

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

| | |
|-------------|-----|
| State | |
| File | |
| Transporter | Oil |
| Operator | Gas |

REQUEST FOR ALLOWABLE AND AUTHORIZATION
ARTESIA, OFFICE TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|------------------------------|
| Operator Conoco Inc. | Well API No. 30-015-26106 |
| Address P. O. Box 460, Hobbs, New Mexico 88240 | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> We respectfully request a testing Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> allowable of 5250 BO for the month of June 1989. | |
| If change of operator give name and address of previous operator | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|----------------------|
| Lease Name Barbara Federal | Well No. 8 | Pool Name, Including Formation Dagger Draw Upper Penn., No. | Kind of Lease State, Federal or Fee | Lease No. NM-1372 |
| Location Unit Letter P : 710 Feet From The S Line and 990 Feet From The E Line Section 18 Township 19S Range 25E, 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"/> Conoco Inc. Surface Transportation | Address (Give address to which approved copy of this form is to be sent) P. O. Box 2587, Hobbs, N. M. 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) | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit C | Sec. 19 | Twp. 19S | Rge. 25E | Is gas actually connected? No | When ? |

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-338

IV. COMPLETION DATA

| | | | | | | | | |
|-------------------------------------|---|----------|-----------------|----------|-------------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | 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 Cisco Canyon | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations 7881' - 7958' | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

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
W. W. Baker, Administrative Supervisor
Printed Name
6-16-89 (505) 397-5800
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 21 1989
By ORIGINAL SIGNED BY
SUPERVISOR, DISTRICT II
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.