

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

|                  |  |
|------------------|--|
| NAME OF OPERATOR |  |
| DISTRIBUTION     |  |
| AMOUNT           |  |
| DATE             |  |
| NO.              |  |
| AND OFFICE       |  |
| TRANSPORTER      |  |
| PERATOR          |  |
| LOCATION OFFICE  |  |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Conoco Inc.

Address P. O. Box 460, Hobbs, New Mexico 88240

|  |   |
|--|---|
| Reason(s) for filing (Check proper box)      | Other (Please explain)                  |
| New Well <input type="checkbox"/>            | Change in Transporter of:               |
| Recompletion <input type="checkbox"/>        | Oil <input checked="" type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Dry Gas <input type="checkbox"/>        |
|  | Casinghead Gas <input type="checkbox"/> |
|  | Condensate <input type="checkbox"/>     |

Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

|                  |          |                                |                               |           |
|------------------|----------|--------------------------------|-------------------------------|-----------|
| Lease Name       | Well No. | Pool Name, Including Formation | Kind of Lease                 | Lease No. |
| Northeast Haynes | 2        | Otero Gallup                   | State, Federal or Free Indian | C-36      |

|                 |             |          |       |               |       |          |            |               |      |
|-----------------|-------------|----------|-------|---------------|-------|----------|------------|---------------|------|
| Location        | Unit Letter | D        | : 990 | Feet From The | North | Line and | 990        | Feet From The | West |
| Line of Section | 16          | Township | 24N   | Range         | 5W    | NMPM,    | Rio Arriba | County        |      |

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) |
| Ciniza Pipeline Company  | P. O. Box 1887, Bloomfield, New Mexico 87413                             |
| 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 460, Hobbs, New Mexico 88240                                   |
| Well produces oil or liquids,<br>give location of tanks.   | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
| P 16 24N 5W  | Yes 4-30-62  |

this production is commingled with that from any other lease or pool, give commingling order number: R-5205

COMPLETION DATA

|                                      |                             |                 |                   |          |        |           |              |          |
|--------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|--------------|----------|
| Designate Type of Completion - (X)   | Oil Well                    | Gas Well        | New Well          | Workover | Deepen | Plug Back | Same Rest'v. | Diff. Re |
| ate Spudded                          | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |          |        |           |              |          |
| Measurements (DF, RAB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth      |          |        |           |              |          |
| Perforations                         |                             |                 | Depth Casing Shoe |          |        |           |              |          |

TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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.) |
| Length of Test                  | Tubing Pressure | Casing Pressure                               |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   |
|                                 |                 | Gas-MCF                                       |

AS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Sealing Method (prior, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

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  
is true and complete to the best of my knowledge and belief.

W. E. Shultz  
(Signature)  
Administrative Supervisor  
(Title)  
March 13, 1984  
(Date)

OIL CONSERVATION DIVISION

MAR 14 1984

APPROVED  
BY Original Signed by CHARLES GHOLSON  
DEPUTY OIL & GAS INSPECTOR, DIST. #3  
TITLE

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened  
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 oil  
well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-  
completed wells.