

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

NO. OF COPIES DESIRED	
DISTRIBUTION	
INTAKE	
FILE	
U.S.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
PERATOR	
REGISTRATION OFFICE	
PREPARED	

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)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☒
Change in Ownership ☐

Other (Please explain)

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	Basin Dakota (Gas)	State, Federal or Fee 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 ☐ or Condensate ☒
Ciniza Pipeline Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1887, Bloomfield, N.M. 87413

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Conoco Inc.
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 460, Hobbs, New Mexico 88240

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
P	16	24N	5W	Yes	4-30-62

If 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 Res'v.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, 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 hole 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	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 (spot, 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 above is true and complete to the best of my knowledge and belief.

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

OIL CONSERVATION DIVISION

APPROVED MAR 14 1984, 19
Original Signed by CHARLES GROLSON
BY _____

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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 wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of 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.