

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|-----------------------|--|
| CO. OF COPIES DESIRED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | |
| OIL | |
| GAS | |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator

Conoco Inc.

Address

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

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☒

Other (Please explain)

If 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 Free Indian | C-36 |
| Location | | | | |
| Unit Letter | D | 990 | Feet From The North | Line and 990 |
| Line of Section | 16 | T. mship | 24N | Range 5W |
| | | | | NMPM, Rio Arriba |
| | | | | Count |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Conoco Inc. Surface Transportation | P. O. Box 1429, Bloomfield, New Mexico 87413 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| P 16 24N 5W | Yes |

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. | Drill. H |
| 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 L
able for this depth or be for full 24 hours)

| | | |
|---------------------------------|-----------------|------------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method |
| Length of Test | Tubing Pressure | Casing Pressure |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. |
| | | Gas - MCF |

OIL CON. DIV.
DIST. 3

GAS WELL

| | | | |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pucl, back pr.) | Tubing Pressure (Shot-in) | Casing Pressure (Shot-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.David A. English
(Signature)

Administrative Supervisor

(Title)

November 16, 1984

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT # 3

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
wells on new and recompleted wells.