

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |             |
|------------------------|-------------|
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| SANTA FE               |             |
| FILE                   |             |
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| LAND OFFICE            |             |
| TRANSPORTER            | OIL         |
|                        | NATURAL GAS |
| OPERATOR               |             |
| PRODUCTION OFFICE      |             |

I.

Operator

Conoco Inc.

Address

P.O. Box 460 H555 88240

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter or:

Oil ☒Dry Gas ☐Easinghead Gas ☐Condensate ☐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.          |    |      |            |
| Jicarilla 30    | 7        | Lindrith Gallup Dakota-West    | State, Federal or Fee | Indian C-41        |    |      |            |
| Location        |          |                                |                       |                    |    |      |            |
| Unit Letter     | 0        | 800 Feet From The              | S Line and            | 1650 Feet From The |    |      |            |
| Line of Section | 30       | Township                       | 25N                   | Range              | 4W | NMPM | Rio Arriba |

## 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) |      |      |      |                            |      |
| Ciniza Pipeline Company                                                                                                  | P. O. Box 1887, Bloomfield, NM                                           |      |      |      |                            |      |
| Name of Authorized Transporter of Easinghead 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) |      |      |      |                            |      |
| El Paso Natural Gas Company                                                                                              | Petroleum Plaza, Farmington NM                                           |      |      |      |                            |      |
| If well produces oil or liquids,<br>give location of tanks.                                                              | Unit                                                                     | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|                                                                                                                          | 0                                                                        | 29   | 25   | 4    | Yes                        |      |

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 Resv. |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |                   | P.B.T.D.     |           |            |
| Elevations (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 |           |            |
|                                      |                             |          |                 |                   |              |           |            |
|                                      |                             |          |                 |                   |              |           |            |
|                                      |                             |          |                 |                   |              |           |            |

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 the allowable for this depth or be for full 24 hours)

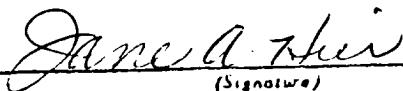
|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (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 (prior, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

## VI. 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.



Administrative Supervisor

(Title)

November 17, 1982

(Date)

## OIL CONSERVATION DIVISION

APPROVED NOV 22 1982

Original Signed by FRANK T. CHAVEZ

BY SUPERVISOR DISTRICT # 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 deviator tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filled for each pool in multiple completed wells.