

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTAFE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	
Conoco Inc.	
P.O. Box 460 Hobbs, NM 88240	
Reason(s) for request	Other (Please explain)
New Well ☐	Change in Transporter oil ☐
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Ownership ☐	Sealinghead 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	State, Federal or Foreign
Jicarilla 30	11	Lindrieth Gallup Dakota-West	Indian C-41	
Location				
Unit Letter	F	1650 Feet From The	W	Line and
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 ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)			
Ciniza Pipeline Company	P. O. Box 1887, Bismarck, NM			
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐	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, give location of tanks.	Is gas actually connected? when			
Unit	Sec.	Twp.	Rge.	Yes
0	29	25	4	

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 Res't.	Diff
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

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 production 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	Chore 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)	Chore 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.

Jane A. Keri
(Signature)Administrative Supervisor
(Title)November 17, 1982
(Date)OIL CONSERVATION DIVISION
NOV 22 1982

APPROVED

BY Original Signed by FRANK T. CHAVEZ

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 production 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 filed for each pool in multiple completed wells.