

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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DATE FILED	
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LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator

Conoco Inc.

Address

P. O. Box 460 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well ☐Recompletion ☐Change in Ownership ☐Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐If change of ownership give name
and address of previous owner _____

III. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Jicarilla 22	10	Lindrith Gallup Dakota West	State, Federal or Foreign Indian C-65
Location			
Unit Letter	D	820 Feet From The	N Line and 610 Feet From The W
Line of Section	21	Township 25N	Range 4W, NMPM, Rio Arriba County

IV. 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, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead 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.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	22	25	4	Yes	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Record
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RAB, RT, CR, 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

VI. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

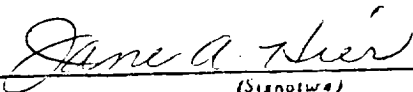
(Test must be after recovery of total volume of load oil and must be equal to or greater than allowable for this depth or be for full 24 hours)

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

VII. 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

NOV 22 1982

APPROVED

BY Original Signed by FRANK I. CHAVEZ

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 depletion
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of lease
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.