

## 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 REQUESTED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
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)

Complete in Otero Gallup Pool and DHC  
with Basin Dakota Pool.If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name Northeast Haynes	Well No. 1E	Pool Name, including Formation Otero Gallup	Kind of Lease State, Federal or Fee Indian C-36	Lease No.
Location Unit Letter 0 : 990 Feet From The South Line and 1830 Feet From The East Line of Section 9 Township 24N Range 5W, NMPM, Rio Arriba Count				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, New Mexico 87413	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 P	Sec. 16
	Twp. 24N	Rge. 5W
	Is gas actually connected? Yes	When 9-28-84

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-463/PLC-58

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. R. <input checked="" type="checkbox"/>
Date Spudded 11-25-80	Date Compl. Ready to Prod. 10-2-84		Total Depth 6910'		P.B.T.D. 6899'			
Elevations (DF, RKB, RT, GR, etc.) 6531' FR	Name of Producing Formation Otero Gallup		Top Oil/Gas Pay 5607'		Tubing Depth 6830'			
Perforations 5607' - 5818'				Depth Casing Shoe 6910'				

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	378'	360 Sx
7-7/8"	5-1/2"	6910'	2031 Sx
	2-3/8"	6830'	

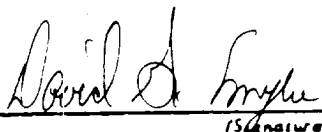
TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top -  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9-7-84	Date of Test 10-11-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 18	Oil - Bbls. 10	Water - Bbls. 8	Gas - MCF 184

## 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

## 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.  
(Signature)Administrative Supervisor  
(Title)November 8, 1984  
(Date)

## OIL CONSERVATION DIVISION

APPROVED NOV 30 1984, 19

BY Original Signed by J. E. DOWD

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