

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Operator Conoco Inc.	
Address P.O. Box 460 Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

2. DESCRIPTION OF WELL AND LEASE				
Lease Name Northeast Haynes	Well No. 7-E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease # Indian C-36
Location Unit Letter <u>J</u> : <u>1560</u> Feet From The <u>South</u> Line and <u>1520</u> Feet From The <u>East</u>				
Line of Section <u>10</u> Township <u>24-N</u> Range <u>5-W</u> , NMPM, <u>Rio Arriba</u> County				

3. 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)
Shell Pipeline Company	P.O. Box 1910, Midland, TX 79702
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)
El Paso Natural Gas Company	Farmington, NM
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When No

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

4. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Rest. Diff.		
	X X		
Date Spudded 4-16-81	Date Compl. Ready to Prod. 5-22-81	Total Depth 7000'	P.B.T.D. 6959'
Elevations (DF, RKB, RT, GR, etc.) 6602' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 6822'	Tubing Depth 6831' KB
Perforations			Depth Casing Shoe
5. TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	300' KB	225 sx
7-7/8"	5-1/2"	6987' KB	1630 sx
	2-3/8"	6831' KB	

6. 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 of hole 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-Bble.	Water-Bble.	Gas-MCF

7. GAS WELL		Gravity of Condensate	
Actual Prod. Test-MCF/D 1389	Length of Test 24 hrs	Bble. Condensate/MMCF 0	
Testing Method (pilot, back pr./ Flowing	Tubing Pressure (Shut-in) 106 psi	Casing Pressure (Shut-in) 350 psi	Choke Size NA

8. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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.		APPROVED <u>JUL 10 1981</u> 19	
<u>Jane A. Lier</u> (Signature) Administrative Supervisor		BY <u>Original Signed by FRANK T. CHAVEZ</u> SUPERVISOR DISTRICT # 3	
<u>July 6, 1981</u> (Date)		TITLE _____	
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep 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. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in multi-completed wells.	