

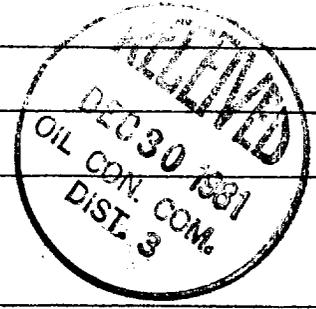
OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
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  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

*U.S.*

If change of ownership give name and address of previous owner \_\_\_\_\_

2. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Northeast Haynes</b>	Well No. <b>12</b>	Pool Name, including Formation <i>Ballpark</i> <b>Pictured Cliffs Egt.</b>	Kind of Lease State, Federal or Fee <b>Indian</b>	Lease No. <b>C-36</b>
Location				
Unit Letter <b>0</b>	<b>1080</b> Feet From The <b>South</b>	Line and <b>1650</b> Feet From The <b>East</b>		
Line of Section <b>16</b>	Township <b>24N</b>	Range <b>5W</b>	, NMPM, <b>Rio Arriba</b> County	

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
<b>Conoco Inc.</b>	<b>PO Box 460, Hobbs, NM 88240</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When
	<b>Yes</b>	<b>9/28/81</b>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" 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. Res'v. <input type="checkbox"/>
Date Spudded <b>8/7/81</b>	Date Compl. Ready to Prod. <b>9/16/81</b>		Total Depth <b>2550'</b>		P.B.T.D. <b>None</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>6676' GR</b>	Name of Producing Formation <b>Pictured Cliffs</b>		Top Oil/Gas Pay <b>2383</b>		Tubing Depth			
Perforations <b>2383', 85', 89', 90', 92', 95', 98', 2401', 05', 06', 39', 41', 52', 54'</b>							Depth Casing Shoe <b>2456'</b>	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 1/4"</b>	<b>8 5/8"</b>	<b>295'</b>	<b>220 sx</b>
<b>6 1/2"</b>	<b>3 1/2"</b>	<b>2549'</b>	<b>375 sx</b>

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 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-Bbla.	Water-Bbla.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <b>1024</b>	Length of Test <b>24 hrs.</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate
Testing Method (pilot, back pr.) <b>Flowing</b>	Tubing Pressure (shut-in)	Casing Pressure (shut-in) <b>125 psi</b>	Choke Size <b>NA</b>

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. Hiev*  
(Signature)

Administrative Supervisor  
(Title)

**12-21-81**  
(Date)

4-1-82 OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Original Signed by FRANK J. CRAVEZ

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 110A.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation 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 multiply completed wells.