

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 APPLICANTS	
DISTRIBUTION	
SALES TAX	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
PRODUCTION OFFICE	

Operator

Conoco Inc.

Address

P.O. Box 460 Hobbs, NM 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)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 20	Well No. 9	Pool Name, Including Formation Lindrith Gallup Dakota, West	Kind of Lease State, Federal or Fee	Lease No. Indian Con. 64
Location Unit Letter <u>D</u> : <u>600</u> Feet From The <u>North</u> Line and <u>430</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>25N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, TX 79702			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Petroleum Plaza, 30th St., Farmington, NM			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 20	Twp. 25	Rge. 4
	Is gas actually connected?		When	
	Yes		2-2-82	

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

III. COMPLETION DATA

Designate Type of Completion - (X)		<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res't.	<input type="checkbox"/> Diff. Res't.
Date Spudded 7-17-81	Date Compl. Ready to Prod. 9-12-82	Total Depth 8250'		P.B.T.D. 8150'					
Elevations (DF, RKB, RT, CR, etc.) GR 7326'	Name of Producing Formation Gallup Dakota	Top Oil/Gas Pay 6988'		Tubing Depth 7963'					
Perforations Gallup: 6988'-7197' Dakota: 7798' - 8080'				Depth Casing Shoe 8209'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		550'		450				
7-7/8"	5-1/2"		8209'		1825				
	2-3/8"		7963'						

IV. 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 9-25-81	Date of Test 2-16-82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure NA	Casing Pressure NA	Choke Size Open
Actual Prod. During Test 54	Oil-Bbls. 29	Water-Bbls. 25	Gas-MCF 103

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (split, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

V. CERTIFICATE OF COMPLIANCE

OCD(5) USGS(2) ~~MEMPH~~(4) File

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)

3-18-82

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY Original Signed by FRANK T. CHAVEZ

Division of Oil & Gas #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 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.