

DISTRICT I
P. O. Box 1900, Hobbs, NM 88240

DISTRICT II
P. O. Drawer 60, Artesia, NM 88210

DISTRICT III
1000 Rio Grande Rd., Artesia, NM 87410

OIL CONSERVATION DIVISION

P. O. Box 2008
Santa Fe, New Mexico 87504-2008

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|---|--------------|
| Operator Conoco Inc. | Well API No. |
| Address 3817 N.W. Expressway, Oklahoma City, OK 73112-1400 | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transport of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Effective: 04-01-92 Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| If change of operator give name and address of previous operator | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-----------------------|---|--|-------------------------------|
| Lease Name Phillips | Well No. 2E | Pool Name, including Formation Basin Dakota | Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee | Lease No. NM 013365 |
| Location Unit Letter N : 1120 Feet From The S Line and 1800 Feet From The W Line Section 22 Township 28N Range 11W , NMPM, San Juan County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|---|--|------|------|--|-------|
| Name of Authorized Transporter of Oil Giant Refining, Inc. | or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) Box 338, Bloomfield, NM 87413 | | | | |
| Name of Authorized Transporter of Casinghead Gas Conoco Inc. | or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) 3817 N.W. Expressway, Oklahoma City, OK 73112 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? Yes | When? |

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

IV. COMPLETION DATA

| | | | | | | | | |
|-------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, AKB, RT, GR, 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 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. 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 bq for full 24 hours.)

| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | 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 (pilot, back pr.) | Tubing Pressure (Shut-In) | Casing Pressure (Shut-In) | Choke Size |

VI. OPERATOR 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.

W W Baker
Signature
W W Baker Admin. Supervisor
Printed Name
03-09-92 (405) 948-4859
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 12 1992
By Burt D. Shurt
Title SUPERVISOR DISTRICT #3