

DISTRICT I
P. O. Box 1990, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P. O. Box 2088
Santa Fe, New Mexico 87504-2088

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

DISTRICT III
1000 Flo Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Conoco Inc.	Well API No.
Address 3817 N.W. Expressway ,oklahoma City, OK 73112-1400	
Reason(s) for Filing (Check proper box) □ Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transport of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input checked="" type="checkbox"/> Effective: 7-1-91
	Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 3	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. E-5226
Location				
Unit Letter Section H 32	Township 29N	Feet From The 1600	Line and N 805	Feet From The E Line
		Range 8W	, NMPM, San Juan County	

III. 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 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?		When?		
YES		4-26-52		

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,RKB,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 be 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.

Signature W.W. Baker
Printed Name W.W. Baker Administrative Supervisor
Date 10-4-91
Telephone No. (405) 948-3120

OIL CONSERVATION DIVISION

Date Approved OCT 11 1991

By [Signature]

Title SUPERVISOR DISTRICT #3