

Submittal Copies
Appropriate District OfficeState of New Mexico
Energy, Minerals and Natural Resources DepartmentForm C-104
Revised 11-89

OIL CONSERVATION DIVISION

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

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Boxer (PO), Azusa, NM 88210DISTRICT III
1000 N. 10th St., Aztec, NM 87410REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1-27-92

| | |
|---|--------------|
| Operator Conoco Inc. | Well API No. |
| Address 3817 H.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: 01-27-92 Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

Change of operator give name and address of previous operator **Sunterra Gas Gathering Co., P.O. Box 25400, Albuquerque, NM 87125**

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|---|---|---------------------------|
| Lease Name State | Well No. 3 | Pool Name, including Formation Blanco Mesaverde | Kind of Lease State, Federal or Fee | Lease No. E5226 |
| Location Unit Letter H Section 32 Township 29N Range 8W Line and 805 Feet From The N Line E Line San Juan County, NMPM | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|--|------|------|----------------------------|----------------|
| Name of Authorized Transporter of Oil Sunterra | 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 | | | | |
| Well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When? |
| | | | | | Yes | 4-26-92 |

If the 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 | Oil Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DT, NKA, 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 | | | |
| | | | | | JAN 24 1992 | | | |
| | | | | | OIL CON. DIV | | | |

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.

W W Baker
SignatureW W Baker Admin Supervisor
Printed Name Title01-24-92 (405) 948-4859
Date Phone

OIL CONSERVATION DIVISION

Date Approved JAN 24 1992By Frank J. DargatzisTitle Assistant Director

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STATE OF NEW MEXICO
ENERGY and MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

OIL CONSERVATION
DIVISION

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Revised 10/01/78

This form is not to
be used for reporting
packer leakage tests
in Southeast New Mexico

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator CONOCO INC Lease STATE Well No. 3 (PM)
Location of Well: Unit H Sec. 32 Twp. 29 Rge. 08 County SAN JUAN

| | NAME OF RESERVOIR OR POOL | TYPE OF PROD. (Oil or Gas) | METHOD OF PROD. (Flow or Art. Lift) | PROD. MEDIUM (Tbg. or Csg.) |
|------------------|---------------------------|-------------------------------|--|--------------------------------|
| Upper Completion | PICTURED CLIFF | GAS | FLOW | TBG. |
| Lower Completion | MESA VERDE | GAS | FLOW | TBG. |

PRE-FLOW SHUT-IN PRESSURE DATA

| | Hour, date shut-in | Length of time shut-in | SI press. psig | Stabilized? (Yes or No) |
|------------------|--------------------|------------------------|----------------|-------------------------|
| Upper Completion | 10-03-95 | 7-DAYS | 130 | NO |
| Lower Completion | 10-03-95 | 7-DAYS | 285 | NO |

FLOW TEST NO. 1

| Commenced at (hour, date)* 10-10-95 | | | | Zone producing (Upper or Lower): UPPER | |
|-------------------------------------|-----------------------|------------------|------------------|--|----------------------|
| TIME (hour, date) | LAPSED TIME SINCE* | PRESSURE | | PROD. ZONE TEMP. | REMARKS |
| | | Upper Completion | Lower Completion | | |
| 10-08-95 | 1-Day | 125 | 255 | | BOTH ZONES SHUT - IN |
| 10-09-95 | 2-Days | 125 | 255 | | BOTH ZONES SHUT - IN |
| 10-10-95 | 3-Days | 130 | 285 | | BOTH ZONES SHUT - IN |
| 10-11-95 | 1-Day | 90 | 285 | | UPPER ZONE FLOWING |
| 10-12-95 | 2-Days | 90 | 290 | | UPPER ZONE FLOWING |
| | | | | | |

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours. _____ Grav. _____ GOR _____

Gas: _____ MCFPD; Tested thru (Orifice or Meter): _____

MID-TEST SHUT-IN PRESSURE DATA

| | Hour, date shut-in | Length of time shut-in | SI press. psig | Stabilized? (Yes or No) |
|------------------|--------------------|------------------------|----------------|-------------------------|
| Upper Completion | | | | |
| Lower Completion | | | | |

(Continue on reverse side)

FLOW TEST NO. 2

FLOW TEST NO. 2

| Commenced at (hour, date) ** | | | | Zone producing (Upper or Lower): | |
|------------------------------|-------------------------|------------------|------------------|----------------------------------|---------|
| TIME (hour, date) | LAPSED TIME SINCE ** | PRESSURE | | PROD. ZONE TEMP. | REMARKS |
| | | Upper Completion | Lower Completion | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours. _____ Grav. _____ GOR _____

Gas: _____ MCFPD: Tested thru (Orifice or Meter): _____

Remarks: _____

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved _____ 19 _____

New Mexico Oil Conservation Division

NOV 09 1995

By _____

DEPUTY OIL & GAS INSPECTOR

Title _____

Operator _____ CONOCO INC.

By _____ RON BISHOP

Title _____ PRODUCTION SPECIALIST

Date _____ CONOCO, INC.

NORTHWEST NEW MEXICO PACKER LEAKAGE TEST INSTRUCTIONS

1. A packer leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such tests shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.

2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Offset operators shall also be so notified.

The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure in each has stabilized, provided however, that they need not remain shut-in more than seven days.

4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued for seven days in the case of a gas well and for 24 hours in the case of an oil well. Note: if, on an initial packer leakage test, a gas well is being flowed to the atmosphere due to the lack of a pipeline connection the flow period shall be three hours.

Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.

Flow Test No. 2 shall be conducted even though no leak was indicated during Flow Test No. 1. Procedures for Flow Test No. 2 shall be the same as for Flow Test No. 1 except

that the previously produced zone shall remain shut-in while the zone which was previously shut-in is produced.

7. Pressures for gas-zone tests must be measured on each zone with a deadweight pressure gauge at time intervals as follows: 3-hour tests: immediately prior to the beginning of each flow-period, at fifteen-minute intervals during the first hour thereof, and at hourly intervals thereafter, including one pressure measurement immediately prior to the conclusion of each flow period. 7-day tests: immediately prior to the beginning of each flow period, at least one time during each flow period (at approximately the midway point) and immediately prior to the conclusion of each flow period. Other pressures may be taken as desired, or may be requested on wells which have previously shown questionable test data.

24-hour oil zone tests: all pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges the accuracy of which must be checked at least twice, once at the beginning and once at the end of each test, with a deadweight pressure gauge. If a well is a gas-oil or an oil-gas dual completion, the recording gauge shall be required on the oil zone only, with deadweight pressures as required above being taken on the gas zone.

8. The results of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the Aztec District Office of the New Mexico Oil Conservation Division on Northwest New Mexico Packer Leakage Test Form Revised 10-01-78 with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only).