

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

DISTRICT II
P. O. Drawer (X), Artesia, NM 88210

DISTRICT III
1009 El Estero Rd., Artec, NM 87410

OIL CONSERVATION DIVISION

P. O. Box 2000
Santa Fe, New Mexico 87504-2000

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Conoco Inc.	Well API No. 30-045-08336
Address 3817 N.W. Expressway, Oklahoma City, OK 73112-1400	
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transport of: ☐ Other (Please explain) Recompletion ☐ Oil ☐ Dry Gas ☒ Effective: 12-03-91 Change in Operator ☒ Casinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Com 0	Well No. 11	Pool Name, including Formation Blanco Mesaverde	Kind of Lease ☒ State, Federal or Fee	Lease No. 5226
Location Unit Letter G : 1540 Feet From The N Line and 1675 Feet From The E Line Section 16 Township 29N Range 8W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Giant Refining, Inc. ☐	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 or Dry Gas Conoco Inc. ☒	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			1-9-53	

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, HKB, HT, 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

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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 Admin. Supervisor
Date 01-24-92 Telephone No. (405) 948-4859

OIL CONSERVATION DIVISION

Date Approved FEB 12 1992

By Frank J. Quigley
Title SUPERVISOR DISTRICT #3