

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc.	Well API No. 30-045-27883
Address 3817 NW Expressway Oklahoma City, OK 73112-1400	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
NOTE: New connection for coal seam gas	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wilch "A"	Well No. 12	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078416A
Location				
Unit Letter L	: 1490	Feet From The South	Line and 910	Feet From The West
Section 23	Township 29N	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.	30th Street, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected?
		When ?
		As soon as possible
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
		X	X					
Date Spudded 10/02/90	Date Compl. Ready to Prod. 10/18/90		Total Depth 3,137'		P.B.T.D. 3,080'			
Elevations (DF, RKB, RT, GR, etc.) 6,420' KB	Name of Producing Formation Fruitland		Top Oil/Gas Pay 2,868'		Tubing Depth 2,925'			
Perforations 2946-49', 2954-67', 2971-84', 2987-89', 2992-94', 2996-3009' (2 JSPE, 104 Shots)		TUBING, CASING AND CEMENTING RECORD						
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 278'		SACKS CEMENT 278 Sxs			
7 7/8"	5 1/2"		3,124'		550 Sxs			
	2 3/8" tubing		2,925'					

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 10-26-90	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size NOV 23 1990
Actual Prod. During Test	Oil - Bbls.	Water - Bbls. 3	Gas - MCF OIL CON. DIV. 3

GAS WELL

Actual Prod. Test - MCF/D 254	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 697	Casing Pressure (Shut-in) 705	Choke Size 1/4"

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  
Date  
11/15/90  
Administrative Supervisor  
(405) 948-4859  
Telephone No.

OIL CONSERVATION DIVISION

DEC 14 1990

Date Approved  
By  
Title  
SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.