

**OIL CONSERVATION DIVISION**

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

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

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

**I.**

Operator Conoco Inc.	Well API No. 30-045-28261
Address 3817 NW Expressway, OKC, 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 Hughes "B"	Well No. 16	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078046
Location Unit Letter <u>A</u> : <u>820</u> Feet From The <u>North</u> Line and <u>1,100</u> Feet From The <u>East</u> Line Section <u>20</u> Township <u>29N</u> Range <u>8W</u> , 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, Farmingting, NM 87401
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When?
	No         A.S.A.P.

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 12-02-90	Date Compl. Ready to Prod. 01-29-91	Total Depth 3262'	P.B.T.D. 3197'					
Elevations (DF, RKB, RT, GR, etc.) 6547' KB 14' AGL	Name of Producing Formation Fruitland	Top Oil/Gas Pay 3061'	Tubing Depth 3077'					
Perforations 3061-66', 3076-83', 3090-94', 3096-3100', 3120-40'	TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe 3263'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	258'	225 SXS					
7 7/8"	5 1/2"	3263'	675 SXS					
	2 3/8" Tubing	3077'						

**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 02-07-91	Producing Method (Flow, pump, gas lift, etc.) Plunger Lift (flowing)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls. 2

**RECEIVED**  
MAR 01 1991

**GAS WELL**

Actual Prod. Test - MCF/D 261	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 1.0183
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 506	Casing Pressure (Shut-in) 510	Choke Size 3/4"

**OIL CON. DIV.**  
DIST. 3

**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.N. Baker  
Signature  
Admin. Supervisor

02-11-91  
Date  
(405) 948-4859  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved MAR 14 1991

By [Signature]  
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.

