

(DISTRICT I)
P. O. Box 1000, Hobbs, NM 88240

(DISTRICT II)
P. O. Drawer 60, Artesia, NM 88210

(DISTRICT III)
1000 N. Main St., Artesia, 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

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 ☐ Change in Transport of: ☐ Other (Please explain) Recompletion ☐ Oil ☐ Dry Gas ☒ Effective: 03-05-92 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 Farmington "A" Com	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter K : 1600 Feet From The S Line and 1450 Feet From The W Line Section 14 Township 29N Range 13W NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Giant Refining, Inc.	or Condensate ☒	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 Conoco Inc.	or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) 3817 N.W. Expressway, Oklahoma City, OK 73111				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected? Yes	When?

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 Flow	Diff Flow
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, NKB, NT, ON, 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 less 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. OPERATION 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 03-09-92 Telephone No. (405) 948-4859

OIL CONSERVATION DIVISION

Date Approved MAR 12 1992

By Bruce D. Shoup

Title SUPERVISOR DISTRICT #3