

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

DISTRICT II
P. O. Box 100, Artesia, NM 88210

DISTRICT III
1000 Pto. Del Norte Rd., 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 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: 03-31-92 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 Maxey	Well No. 1E	Pool Name, Including Formation Basin Dakota	Kind of Lease State ☒ Federal ☐ Fee ☐	Lease No. Nm 013885
Location Unit Letter C : 790 Feet From The N Line and 1690 Feet From The W Line Section 24 Township 29N Range 12W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Grant Refining ☐ 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 7311					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When? 9-18-80

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	Dill Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, NKB, RT, OR, 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		RECEIVED APR 7 1992			

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 district 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.

Signature W.W. Baker
Printed Name W.W. Baker Admin. Supervisor
Date 04-03-92 Telephone No. (405) 948-4859

OIL CONSERVATION DIVISION

Date Approved APR 07 1992
By Brian J. Shaw
Title SUPERVISOR DISTRICT #3