

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

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

DISTRICT III  
1000 The Plaza Bld., 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<br><b>Conoco Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                   |  | Well API No. |
| Address<br><b>3817 N.W. Expressway, Oklahoma City, OK 73112-1400</b>                                                                                                                                                                                                                                                                                                                                                             |  |              |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transport of: <input type="checkbox"/> Other (Please explain)<br>Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Effective: <b>03-31-92</b><br>Change in Operator (f) <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |  |              |
| If change of operator give name and address of previous operator                                                                                                                                                                                                                                                                                                                                                                 |  |              |

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                                |                      |                                                       |                                        |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------|----------------------------------------|-------------------------------|
| Lease Name<br><b>Reid "C"</b>                                                                                                                                                                                  | Well No.<br><b>1</b> | Pool Name, including Formallon<br><b>Otera Chacra</b> | Kind of Lease<br>State, Federal or Fee | Lease No.<br><b>SE 075587</b> |
| Location<br>Unit Letter <b>N</b> : <b>990</b> Feet From The <b>S</b> Line and <b>1650</b> Feet From The <b>W</b> Line<br>Section <b>13</b> Township <b>29N</b> Range <b>12W</b> , NMPM, <b>San Juan</b> County |                      |                                                       |                                        |                               |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                        |                                                |                                                                                                                                  |      |      |
|------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------|------|
| Name of Authorized Transporter of Oil<br><b>Giant Refining</b>         | or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent)<br><b>Box 338 Bloomfield NM 87413</b>                   |      |      |
| Name of Authorized Transporter of Casinghead Gas<br><b>Conoco Inc.</b> | or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br><b>3817 N.W. Expressway, Oklahoma City, OK 73112</b> |      |      |
| If well produces oil or liquids, give location of tanks.               | Unit                                           | Sec.                                                                                                                             | Twp. | Rge. |
|                                                                        |                                                |                                                                                                                                  |      |      |
| Is gas actually connected?                                             |                                                | When?                                                                                                                            |      |      |
| Yes                                                                    |                                                |                                                                                                                                  |      |      |

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, AKB, NT, ON, etc.)  | Name of Producing Formallon |          | Top Oil/Gas Pay |          | Tubing Depth      |           |            |            |
| Perforations                        |                             |          |                 |          | Depth Casing Shoe |           |            |            |
| TUBING, CASING AND CEMENTING RECORD |                             |          |                 |          |                   |           |            |            |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |            |            |
|                                     |                             |          |                 |          | <b>RECEIVED</b>   |           |            |            |
|                                     |                             |          |                 |          | <b>APR 7 1992</b> |           |            |            |

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 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

APR 07 1992

Date Approved  
By B. J. Chang  
Title SUPERVISOR DISTRICT 13