

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

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

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

# OIL CONSERVATION DIVISION

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

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

I.

|   |                              |
|---|------------------------------|
| Operator<br>Conoco Inc.   | Well API No.<br>30-045-27732 |
| Address<br>3817 N.W. Expressway, Oklahoma City, OK 73112-1400   |                              |
| 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"/> NOTE: Effective 11-1-91<br>Change In Operator <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>FC State Com   | Well No.<br>20 | Pool Name, Including Formation<br>Basin Fruitland Coal | Kind of Lease<br>State, Federal or Foo | Lease No.<br>E-5382-0 |
| Location<br>Unit Letter B : 990 Feet From The North Line and 1450 Feet From The East<br>Section 2 Township 30N Range 8W, NMPM, San Juan County |                |  |  |                       |

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |      |      |      |                                  |                   |
|---|---|------|------|------|----------------------------------|-------------------|
| Name of Authorized Transporter of Oil<br><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<br>Conoco Inc. <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>3817 N.W. Expressway, OKC. OK 73112 |      |      |      |                                  |                   |
| If well produces oil or liquids, give location of tanks.  | Unit  | Sec. | Twp. | Rge. | Is gas actually connected?<br>No | When?<br>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 | Dill Res'v |
| Date Spudded                        | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |            |            |
| Elevations (DF, RKB, RT, GR, 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 be for full 24 hours.)

|                                |                 |   |                          |
|--------------------------------|-----------------|---|--------------------------|
| Date First New Oil Run To Tank | Date of Test    | Producing Method (Flow, pump, gas lift) |                          |
| Length of Test                 | Tubing Pressure | Casing Pressure                         | Choke Size<br>NOV 3 1991 |
| 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 William W. Baker  
Printed Name William W. Baker Title Admin. Supervisor  
Date 11-1-91 Telephone No. 405-948-4859

## OIL CONSERVATION DIVISION

Date Approved NOV 08 1991

By Original Signed by CHARLES BRIDGEMAN

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3