

DISTRICT I  
P. O. Box 1980, Hobbs, NM 88240

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, 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>30-045-28218 |
| Address<br>3817 N. W. Expressway, Oklahoma City OK 73112 (405) 948-3100                                                                                                                                                                                                                                                                                                                                                                     |                              |
| 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 type="checkbox"/> <i>Oper. Change Only</i><br>Change In Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Effective 7-1-91 |                              |
| If change of operator give name<br>and address of previous operator Mesa Operating Ltd. Partnership, P. O. Box 2009, Amarillo TX 79189                                                                                                                                                                                                                                                                                                      |                              |

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                             |                |                                                        |                                                            |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------|------------------------------------------------------------|------------------------|
| Lease Name<br>FC Federal COM                                                                                                                                | Well No.<br>19 | Pool Name, Including Formation<br>Basin Fruitland Coal | Kind of Lease<br><del>State</del> , Federal <del>XXX</del> | Lease No.<br>NM-020504 |
| Location<br>Unit Letter B Section 6 Township 29N Range 11W Line and 1535 Feet From The North Line and 1535 Feet From The East Line<br>San Juan County, NMPM |                |                                                        |                                                            |                        |

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><del>Conoco Inc.</del> <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 NW Expressway, Oklahoma City OK 73112 |      |      |      |                            |       |
| If well produces oil or liquids,<br>give location of tanks.                                                                                        | Unit                                                                                                                   | Sec. | Twp. | Rge. | Is gas actually connected? | 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 Res'v | Diff 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      |            |            |
|                                     |                             |          |                 |          |        | SEP 23 1991       |            |            |
|                                     |                             |          |                 |          |        | OIL CON. DIV      |            |            |
|                                     |                             |          |                 |          |        | DIST. 3           |            |            |

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, 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.

*Sonya Baker*  
Signature  
Sonya Baker, Sr. Oil & Gas Assistant  
Printed Name  
9-16-91 (405) 948-3100  
Date Title  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 23 1991  
By *[Signature]*  
Title SUPERVISOR DISTRICT #3