

DISTRICT I  
P. O. Box 1000, 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 2008  
Santa Fe, New Mexico 87504-2008

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Conoco Inc.	Well API No. 30-045-27480
Address 3817 N.W. Expressway, OKC, OK 73112-1400	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transport of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Effective: 9-18-91 Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Conoco Inc., 3817 N.W. Expressway, OKC, OK 73112-1400	

II. DESCRIPTION OF WELL AND LEASE

Lease Name FC Decker Primo Com	Well No. 2	Pool Name, including Formation Cedar Hill Basal Fruitland	Kind of Lease State, Federal or Foreign	Lease No. FEE
Location Unit Letter <u>H</u> : <u>2025</u> Foot From The <u>N</u> Line and <u>1330</u> Foot From The <u>E</u> Line Section <u>19</u> Township <u>32N</u> Range <u>10W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <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 Amoco Production Co. <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 1670 Broadway, P.O. Box 800, Denver, CO 80201					
If well produces oil or liquids, 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 Hole's	Drill Hole's
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, NKB, 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			RECEIVED SEP 19 1991 OIL CON. DIV DIST. 3		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of lost 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 (plot, 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 09-18-91 (405) 948-4859  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 19 1991

By [Signature]  
Title SUPERVISOR DISTRICT #3