

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

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

DISTRICT III  
1000 N. 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 <b>Conoco Inc.</b>	Well API No. <b>30-045-20388</b>
Address <b>3817 N.W. Expressway, Oklahoma City, OK 73112-1400</b>	
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"/> Change In Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Effective: <b>12-01-91</b> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Federal</b>	Well No. <b>17</b>	Pool Name, Including Formation <b>Pictured Cliffs, Blanco</b>	Kind of Lease State, Federal or Fee	Lease No. <b>SF 073113</b>
Location Unit Letter <b>N</b> : <b>1090</b> Feet From The <b>S</b> Line and <b>1850</b> Feet From The <b>W</b> Line Section <b>30</b> Township <b>32N</b> Range <b>11W</b> , NMPM, <b>San Juan</b> County				

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

Name of Authorized Transporter of Oil <b>Giant Refining, Inc.</b>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>Box 338, Bloomfield, NM 87413</b>				
Name of Authorized Transporter of Casinghead Gas <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) <b>3817 N.W. Expressway, Oklahoma City, OK 73111</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>N</b>	Sec. <b>30</b>	Twp. <b>32N</b>	Rge. <b>11W</b>	Is gas actually connected? <b>Yes</b>	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, AT, 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, 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

**01-24-92**

Date

Admin. Supervisor

Title

**(405) 948-4859**

## OIL CONSERVATION DIVISION

Date Approved

**FEB 12 1992**

By

**SUPERVISOR DISTRICT #3**

Title