

SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRODUCTION OFFICE		SANTA FE, NEW MEXICO 87501	
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Operator Conoco Inc.			
Address P. O. Box 460, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND LEASE			
Lease Name State AC Com.	Well No. 3	Pool Name, including Formation Eunice Monument GSA	Kind of Lease State, Federal or Fee B-1533 1/2
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>30</u> T. <u>19S</u> Range <u>37E</u> , NMPM, Lea Count			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Company		Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum		Address (Give address to which approved copy of this form is to be sent) P. O. Box 67, Monument, New Mexico 88265	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 30	Tw. 19S
			Rge. 37E
			Is gas actually connected? Yes
			When NA
If this production is commingled with that from any other lease or pool, give commingling order number:			
COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Res'v.
			Diff. R
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
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 - able for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	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 (prod, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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.		APPROVED _____, 19____	
BY _____		BY _____	
TITLE _____		TITLE _____	
David A. English (Signature) Administrative Supervisor (Title) October 15, 1984 (Date)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multi-completed wells.	