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

| SANTA FE | | |
|---|---|---|
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL / GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

**Operator**
Conoco Inc.

**Address**
P. O. Box 460, Hobbs, New Mexico 88240

**Reason(s) for filing (Check proper box)**

New Well ☐    Change in Transporter of:    Other (Please explain) ☐

Recompletion ☐    Oil ☒    Dry Gas ☐

Change in Ownership ☐    Casinghead Gas ☐    Condensate ☐

If change of ownership give name and address of previous owner _____

## DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease |
|---|---|---|---|---|
| State AC Com. | 5 | Eunice Monument GSA | State, Federal or Fee    B-1533 1/2 | |

**Location**

Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West

Line of Section 30 Township 19S Range 37E , NMPM, Lea County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐    Address (Give address to which approved copy of this form is to be sent)

Texas New Mexico Pipeline Company    P. O. Box 2528, Hobbs, New Mexico 88240

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐    Address (Give address to which approved copy of this form is to be sent)

Warren Petroleum    P. O. Box 67, Monument, New Mexico 88265

| If well produces oil or liquids, give location of tanks. | Unit N | Sec. 30 | Twp. 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 Resv. | Diff. R |
|---|---|---|---|---|---|---|---|

| Date Spudded | Date Compl. Recdy 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
(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.)

### OIL WELL

| 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 (puot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

## 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.

David A. Smylie
(Signature)

Administrative Supervisor
(Title)

October 15, 1984
(Date)

## OIL CONSERVATION DIVISION

APPROVED _____ , 19 ____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, 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.