

OIL CONSERVATION DIVISION  
 P. O. BOX 2088  
 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF WELLS	
DISTRICT	
DATE	
TIME	
U.S.M.S.	
LEASING OFFICE	
TRANSPORTER	
OPERATION	
REGISTRATION OFFICE	
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"/>	We request approval to change transporters temporarily until Texas New Mexico Pipe Line repair lines.
Recompletion <input type="checkbox"/>	
Change in Ownership <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"/>	

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State AC Com.	Well No. 4	Pool Name, including Formation Eumont Queen Gas	Kind of Lease State, Federal or Fee B-1533 1/2	Lease No.
Location Unit Letter C : 990 Feet From The North Line and 1650 Feet From The West	Line of Section 30	Township 19S	Range 37E	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2587, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1384, Jal, New Mexico 88252
Well produces oil or liquids, give location of tanks. Unit D    Sec. 30    Twp. 19S    Rge. 37E	is gas actually connected?    When Yes    NA

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 <input type="checkbox"/>	Gas well <input type="checkbox"/>	New well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Reval. <input type="checkbox"/>	Drill H <input type="checkbox"/>
Date Spudded	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.					
Levels (DF, RAS, RT, CR, 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 100% allowable for this depth or be for full 24 hours)

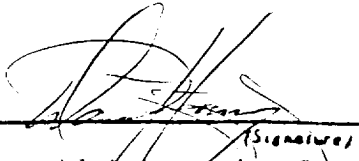
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Fluid Prod. During Test	Oil - bbls.	water - bbls.
		Gas - MCF

AS WELL

Fluid Prod. Test-MCF/D	Length of Test	bbls. Condensate/MCF	Gravity of Condensate
Testing Method (shot, back pr.)	Tubing Pressure (SHOT-IN)	Casing Pressure (SHOT-IN)	Chase 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.



D. F. Finney

Administrative Supervisor

October 27, 1987

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR  
 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 device tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for all wells 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 conditions.