

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 COPIES DESIRED	
DISTRIBUTION	
DATE & TIME	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATION	
PRODUCTION OFFICE	
Approved	

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 respectfully request a test allowable of 2000 BO for the month of March 1988.
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of Oil <input type="checkbox"/>	
Oil <input 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 Warren Unit	Well No. 9	Pool Name, including Formation Blinebry Oil & Gas	Kind of Lease State, Federal or Fee LC-031695E	Lease No.
Location Unit Letter <u>E</u> : 1980 Feet From Line <u>North</u> Line and <u>660</u> Feet From The <u>West</u>	Line of Section <u>27</u>	T. Township <u>20S</u>	Range <u>38E</u>	N.M.P.M. <u>Lea</u> Court

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Company	P. O. Box 1910, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texaco Prod. Inc.	P. O. Box 1137, Eunice, New Mexico 88231
Does well produce oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> <u>3-1-88</u>
Unit <u>H</u> Sec. <u>33</u> Twp. <u>20S</u> Rge. <u>38E</u>	When

If this production is commingled with that from any other lease or pool, give commingling order number: PLC-63

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Restv.	Diff. H.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Revisions (DF, RNB, RT, CR, etc.)	Name of Producing Formation Blinebry	Top Oil/Gas Pay	Tubing Depth			Depth Casing Shoe		
Perforations 5871' - 5965', 6005' - 6321'								

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% of volume for this depth or be for full 24 hours)

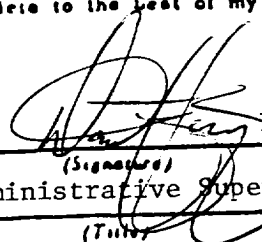
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Chase Size
Actual Prod. During Test	Oil - bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flowing Method (psal, back pr.)	Tubing Pressure (Shot-10)	Casing Pressure (Shot-10)	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

3-18-88

(Date)

OIL CONSERVATION DIVISION
MAR 22 1988

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 ownership, well name or number, or transporter, or other such change of conditions.

RECEIVED

MAR 21 1988

OCD
HOBB5 OFFICE