

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | NAT |
| OPERATOR | |
| PRODUCTION OFFICE | |

| | |
|--|---|
| Operator Conoco Inc. | |
| Address P.O. Box 460 Hobbs, NM 88240 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------------|-----------------|---|---|-----------------------|
| Lease Name Russell 17 Fed. | Well No. 10 | Pool Name, including Formation East Mason Delaware | Kind of Lease State, Federal or Fee Fed. LC- | Lease No. 068281 B |
| Location | | | | |
| Unit Letter N | 660 | Feet From The South | Line and 1720 | Feet From The West |
| Line of Section 17 | Township 26S | Range 32E | NMPM, Lea | 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, NM 88240 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit N | Sec. 17 | Twp. 26 | Rge. 32 | Is gas actually connected? No | When |

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 <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 9-15-81 | Date Compl. Ready to Prod. 1-15-81 | Total Depth 4500' | P.B.T.D. 4460' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) GR - 3191' | Name of Producing Formation Delaware | Top Oil/Gas Pay 4370' | Tubing Depth 4377' | | | | | |
| Perforations 4370' - 4392' | Depth Casing Shoe 4500' | | | | | | | |

| | | | |
|--------------------------------------|----------------------|-----------|--------------|
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12-1/4" | 8-5/8" | 1400' | 715 |
| 7-7/8" | 5-1/2" | 4500' | 1450 |
| | 2-3/8" | 4377' | |

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 Tanks 11-08-81 | Date of Test 1-23-82 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hr | Tubing Pressure 75 | Casing Pressure 490 | Choke Size Open |
| Actual Prod. During Test 240 | Oil-Bbls. 80 | Water-Bbls. 160 | Gas-MCF 160 |

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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 |

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.

Jane A. Nier
(Signature)

Administrative Supervisor

(Title)

2-8-82

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 10 _____

BY *Jerry L. Smith*

TITLE *Dist. 1, Sup.*

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 owner well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.