

CONOCO INC.

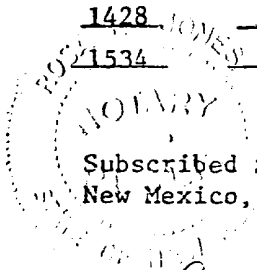
P. O. Box 460
Hobbs, New Mexico

New Mexico Oil Conservation Division
P. O. Box 1980
Hobbs, New Mexico 88240

Gentlemen:

In compliance with New Mexico Oil Conservation Division Rule III, we are submitting below a list of deviation surveys taken on Conoco Inc. Russell Federal 17 No. 12, located Unit K Section 17, Township 26S, Range 32E, Lea County, New Mexico.

<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>
<u>115</u>	<u>1°</u>	<u>1627</u>	<u>1-1/4°</u>	<u>2869</u>	<u>2°</u>
<u>172</u>	<u>0°</u>	<u>1720</u>	<u>1-1/4°</u>	<u>3022</u>	<u>2°</u>
<u>328</u>	<u>0°</u>	<u>1813</u>	<u>1-1/4°</u>	<u>3147</u>	<u>2°</u>
<u>484</u>	<u>1/2°</u>	<u>1906</u>	<u>1-1/4°</u>	<u>3331</u>	<u>1-1/2°</u>
<u>608</u>	<u>1°</u>	<u>2063</u>	<u>1-3/4°</u>	<u>3487</u>	<u>1-1/2°</u>
<u>764</u>	<u>1°</u>	<u>2156</u>	<u>1-3/4°</u>	<u>3612</u>	<u>1-3/4°</u>
<u>919</u>	<u>1°</u>	<u>2280</u>	<u>1-3/4°</u>	<u>3767</u>	<u>1°</u>
<u>1072</u>	<u>1-3/4°</u>	<u>2373</u>	<u>2°</u>	<u>3922</u>	<u>3/4°</u>
<u>1229</u>	<u>1-1/2°</u>	<u>2467</u>	<u>2°</u>	<u>4142</u>	<u>3/4°</u>
<u>1354</u>	<u>1-1/4°</u>	<u>2559</u>	<u>2°</u>	<u>4298</u>	<u>3/4°</u>
<u>1428</u>	<u>1°</u>	<u>2651</u>	<u>2-1/4°</u>	<u>4424</u>	<u>1°</u>
<u>1534</u>	<u>1°</u>	<u>2744</u>	<u>2°</u>	<u>4502</u>	<u>1°</u>



Yours very truly,
Rosal E. Jones
Subscribed and sworn to before me, a Notary Public, in and for Lea County, New Mexico, this 21st day of July, 19 82.

9-12-83
My Commission Expires

Rosal E. Jones
Notary Public

OIL CONSERVATION DIVISION
P. O. BOX 2086
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

I. OPERATOR

Operator
Conoco Inc.

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Russell Federal 17 Fed. Well No.: 12 Pool Name, including Formation: Mason Delaware, East Kind of Lease: Federal State, Federal or Fee: LC-06828B Lease No.: _____

Location
Unit Letter: K ; 1980 Feet From The South Line and 1980 Feet From The West
Line of Section: 17 Township: 26S Range: 32E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Conoco 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 or Dry Gas
Phillips Petroleum Address (Give address to which approved copy of this form is to be sent): 4001 Penbrook, Odessa, Texas 79762

If well produces oil or liquids, give location of tanks. Unit: N Sec: 17 Twp: 26S Rge: 32E Is gas actually connected? Yes When: 5-1-82

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest.	Diff. P.
X	X		X					
Date Spudded: 2-24-82	Date Compl. Ready to Prod.: 3-28-82	Total Depth: 4502'		P.B.T.D.: 4430'				
Elevations (DF, R&B, RT, GR, etc.): 3181 DF	Name of Producing Formation: Mason Delaware	Top Oil/Gas Pay: 4360'		Tubing Depth: 4409'				
Perforations: 4360' - 4380' Delaware						Depth Casing Shoe: 4494'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"	1428'		715 sx				
7-7/8"	5-1/2"	4494'		1400 sx				
	2-3/8"	4409'						

V. 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 rate for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks: 4-2-82 Date of Test: 4-16-82 Producing Method (Flow, pump, gas lift, etc.): Pumping

Length of Test: 24 hrs. Tubing Pressure: --- Casing Pressure: --- Choke Size: ---

Actual Prod. During Test: 144 Oil-Bbls.: 46 Water-Bbls.: 98 Gas-MCF: 22

GAS WELL

Actual Prod. Test-MCF/D: _____ Length of Test: _____ Bbls. Condensate/MMCF: _____ Gravity of Condensate: _____

Testing Method (prior, back pr.): _____ Tubing Pressure (Shut-in): _____ Casing Pressure (Shut-in): _____ Choke Size: _____

VI. 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. Heis
(Signature)

ADMINISTRATIVE SUPERVISOR
(Title)

July 21, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED: _____, 1982

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

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