

OIL CONSERVATION DIVISION

P. O. BOX 2081

SANTA FE, NEW MEXICO 87501

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SANTA FE	
FILE	
U.S.G.D.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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: Oil Dry Gas Request temporary approval to change oil transporter until Texas New Mexico Pipeline gets line back on.

Recompletion Casinghead Gas Condensate

Change in Ownership

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State A-17	Well No. 3	Pool Name, including Formation Eunice Monument GSA	Kind of Lease State, Federal or Fee B-2656	Lease No.
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Location

Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West

Line of Section 17 Township 19S Range 37E , NMPM, Lea Count

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)
Conoco Inc. Surface Transportation P. O. Box 2587, 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

Well produces oil or liquids, give location of tanks. Unit N Sec. 17 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 Rea'v.	Diff. H
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Revisions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Revisions	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE FOR NEW WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

TEST WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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 herein is true and complete to the best of my knowledge and belief.

David L. Smyke
(Signature)
Administrative Supervisor
(Title)
October 2, 1984
(Date)

OIL CONSERVATION DIVISION
OCT - 4 1984
APPROVED _____, 19____
BY _____ ORIGINAL SIGNED BY JERRY BOLTON
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 deep 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. Separate Forms C-104 must be filed for each pool in multi-completed wells.

RECEIVED

OCT - 3 1984

OFFICE
HOUSE