

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	
SANTA FE	
PHS	
M.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

Operator  
Conoco Inc.

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

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Accomplishment	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Request temporary approval to change transporter until Texas New Mexico Pipeline get lines repaired and back on.
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry 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 State AC Com.	Well No. 1	Pool Name, including Formation Eunice Monument GSA	Kind of Lease State, Federal or Fee B-2656	Lease No.
Location Unit Letter <u>L</u> : 1980 Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>19S</u> Range <u>37E</u> , NMPM, Lea _____ Count _____				

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
If well produces oil or liquids, give location of tanks. Unit: <u>N</u> Sec: <u>30</u> Twp: <u>19S</u> Rge: <u>37E</u>	Is gas actually connected? <u>Yes</u> When: <u>NA</u>

(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 Reservoir	Drill. H.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Reservoirs (DF, RKB, RT, GR, 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 10% of total 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Flowing Method (psig, 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 above is true and complete to the best of my knowledge and belief.

*David A. English*  
(Signature)  
Administrative Supervisor  
(Title)  
2-19-85

OIL CONSERVATION DIVISION  
**FEB 20 1985**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_ ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 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, lease, transporter or other pertinent information.

RECEIVED

FEB 19 1985

U.S. HOUSE OFFICE