

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.S.M.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
PROMOTION OFFICE	

Operator  
 Conoco Inc.

Address  
 P. O. Box 460, Hobbs, New Mexico 38240

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

Request temporary approval to change transporter until Texas New Mexico Pipeline get lines repaired and back on.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State AC Com.	Well No. 5	Field Name, including Formation Eunice Monument GSA	Kind of Lease State, Federal or Fee B-1533 1/2	Lease
Location				
Unit Letter F	1980	Feet From The North	Line and 1980	Feet From The West
Line of Section 30	Township	19S	Range 37E	County NMPM

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)
Conoco Inc. Surface Transportation	P. O. Box 2587, Hobbs, New Mexico 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)
Warren Petroleum	P. O. Box 67, Monument, New Mexico 88265

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. is gas actually connected? Where

N 30 19S 37E Yes 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 Resv.	Drill. H.
(X)								
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			
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 100% - able 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

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Cementing Method (pneum. back pr.)	Tubing Pressure (Shot-1A)	Casing Pressure (Shot-1B)	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 S. Smyke*  
 (Signature)  
 Administrative Supervisor

(Title)  
 2-19-85

OIL CONSERVATION DIVISION

APPROVED FEB 20 1985, 19  
 BY DEBORAH G. JENSEN 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 change of ownership or change of operator.