

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 WELLS COVERED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.M.S.	
LEASING OFFICE	
TRANSPORTER	
OPERATION	
OPERATION OFFICE	

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)
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Dry Gas
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State AC Com.	Well No. 6	Pool Name, including Formation Eunice Monument GSA	Kind of Lease State, Federal or Fee B-1533-1/2	Lease
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Location
Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West

Line of Section 30 Township 19S Range 37E , N.M.P.M. Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 67, Monument, New Mexico 88265

Well produces oil or liquids, give location of tanks.	Unit D	Sec. 30	Twp. 19S	Rge. 37E	is gas actually connected? Yes	When NA
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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 as prev. Drill. H
Date Spudded	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.				
Locations (DF, RAS, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Corrections			Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

BEST DATA AND REQUEST FOR ALLOWABLE
L 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
Fluid Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

AS WELL

Fluid Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MWCF	Gravity of Condensate
Testing Method (pilot, back pt.)	Tubing Pressure (Chart-1A)	Casing Pressure (Chart-1B)	Chase 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
is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED NOV 12 1987, 19

BY [Signature]

TITLE [Signature]

[Signature]

D. F. Finney

(Signature)

Administrative Supervisor

(Title)

11-9-87

(Date)

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