

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 RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PERMITS OFFICE	

Operator Conoco Inc.	
Address P.O. Box 460 Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other CASINGHEAD GAS MUST NOT BE FLARED AFTER 11/1/81 UNLESS AN EXCEPTION TO R-1970 IS OBTAINED from 11/1/81
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
If change of ownership give name and address of previous owner _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vaughn B-1	Well No. 9	Pool Name, including Formation Langlie Mattie 7-Rivers Queen	Kind of Lease State, Federal or Fee Fed LC-030467-B	Lease No.
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>24S</u> Range <u>36E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) PO BOX 1910 MIDLAND, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) PO BOX 1384, JAL, NM 88252					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 1S	Twp. 24	Rge. 36	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-11-81	Date Compl. Ready to Prod. 8-14-81		Total Depth 3704'		P.B.T.D. 3650'			
Elevations (DF, RKB, RT, GR, etc.) GL-339'	Name of Producing Formation Queen OK-RK		Top Oil/Gas Pay 3410'		Tubing Depth 3562'			
Perforations 3410' - 3568'					Depth Casing Shoe 3704'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1204'		585			
7-7/8"	5-1/2"		3704'		930			
	2-3/8"		3562'					

V. 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 top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8-15-81	Date of Test 8-24-81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 50	Casing Pressure 110	Choke Size 30/64"
Actual Prod. During Test 8 bbls	Oil-Bbls. 6 bbls	Water-Bbls. 2 bbls	Gas-MCF 264 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

  
(Signature)

Administrative Supervisor

(Title)

9-23-81

(Date)

OIL CONSERVATION DIVISION

APPROVED 00T 1981, 19

BY Orig. Signed By  
Jerry Sexton

TITLE Dist 1, Supv

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple.