STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Conoco Inc.

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

Reason(s) for filing (Check proper box)
New Well [ ] RE-ENTRY
Recompletion [X]
Change in Ownership [X]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
Name change from Pan Am U.S.A. Baish "B" No. 1 to MCA Unit Well No. 382.

If change of ownership give name and address of previous owner Amoco Production Co., P. O. Box 4072, Odessa, Texas 79760

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
MCA UNIT	382	Maljamar Grayburg San Andres	State, Federal or Fee LC-05721	

Location
Unit Letter I : 2120 Feet From The South Line and 519 Feet From The East

Line of Section 28 Township 17S Range 32E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P. O. Drawer 159, Artesia, N. M. 88210
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	**Address (Give address to which approved copy of this form is to be sent)**
Conoco Inc. Maljamar Plant	P. O. Box 90, Maljamar, New Mexico 88264

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	27	17S	32E	Yes	8-16-88

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.	Diff. Res.
	X					X		X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Orig. 8-8-61 Re-Entry 7-25-88	8-4-88	9680'	4300'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3973'	Grayburg San Andres	3817'	4168'
Perforations			**Depth Casing Shoe**
3817' – 4138'			9680'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
NO CHANGE FROM THE ORIGINAL CASING SET IN WELL.			
	Tubing 2-7/8"	4168'	

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-2-88	9-1-88	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24			
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
298	231	67	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-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.

Mabie Simpson for D. F. Finney
(Signature)
Administrative Supervisor
(Title)
9-21-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 ____

BY Orig. Signed by Paul Kautz Geologist

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 deviation 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.

RECEIVED

SEP 22 1988

OCD
HOBBS OFFICE