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DISTRICT 1
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## State of New Mexico Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

APR 27 '90

| DISTRICT III  | 3  | anta re,             | New Me        | XICO 6/304-2066   |                     |                       |                     |
|---|--|----------------------|---------------|---|---------------------|-----------------------|---------------------|
| 00 Rio Brazos Rd., Aztec, NM 87410                                    | REQUEST  | FOR AL               | LOWAB         | LE AND AUTHORIZ   | ATION               |                       | Q, C, D,            |
|   | TOTE   | ANSPO                | ORT OIL       | AND NATURAL GA  | S                   |                       | ARRESIA, OFFICE     |
| perator   |  |                      |               |   | ∽eil A              |                       |                     |
| Conoco Inc  |  | 30-015-21881         |               |   |                     |                       |                     |
| idress  |  |                      | 000           | 1.0   |                     |                       |                     |
| P. O. Box 460   | , Hobbs, Nev   | y Mexic              | co 882        | Other (Please explai  | -1                  |                       |                     |
| eason(s) for Filing (Check proper box)                                | Channe   | in Tonnon            | eten of:      | Other (Freuse explain   | n)                  |                       |                     |
| ew Well  Ecompletion  | Oil Change   | in Transpor          |               |   |                     |                       |                     |
| ecompletion KXI hange in Operator                                     | Casinghead Gas   | Conden               |               |   |                     |                       |                     |
| change of operator give name  | Canada Ca |                      |               |   |                     |                       |                     |
| d address of previous operator  | AND LEAGE  |                      |               |   |                     |                       |                     |
| . DESCRIPTION OF WELL ease Name                                       | RIPTION OF WELL AND LEASE   Well No.   Pool Name, Including  |                      |               |   | no Formation Kind o |                       | Lease No.           |
| Dee State   | 1  |                      |               | er Draw Upper Pen   | n . State,          | Federal or Fee        | K-6385              |
| ocation   |  |                      | - 88          |   |                     |                       |                     |
| ₹   | . 1980   | Feet En              | om The Sc     | outh Line and 1980  | Fe                  | et From The           | East Line           |
| Unit Letter   | _ :_=:   | rea ri               | on the        | Line and  |                     |                       |                     |
| Section 36 Townsh   | ip 19S   | Range                | 24E           | , NMPM,   | Eddy                | ·                     | County              |
|   |  |                      |               |   |                     |                       |                     |
| II. DESIGNATION OF TRAP   |  |                      | D NATU        | RAL GAS   |                     |                       | (- 4- t             |
| Name of Authorized Transporter of Oil XX or Condensate                |  |                      |               | 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 X or Dry Gas         |  |                      |               | Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, New Mexico 88240 |                     |                       |                     |
| Conoco Inc.   |  | 1                    |               | +   | When                |                       | 00240               |
| f well produces oil or liquids, ive location of tanks.                | Unit Sec.  | Twp.<br> 198         | Rge.<br>  24E | Yes   | . I when            | 4-12-                 | 90                  |
|   |  |                      |               | <del></del>   | CTB-346             |                       | 70                  |
| this production is commingled with that V. COMPLETION DATA            | . from any other lease   | or poot, giv         | re commingi   | ing order number.   |                     | <u> </u>              |                     |
| v. COMPLETION DATA  | Oil W  | Zall (               | Gas Well      | New Well Workover   | Deepen              | Plug Back Sar         | ne Res'v Diff Res'v |
| Designate Type of Completion  |  | en j                 | Oas Well      | New West   Workeres   | ) Despuis           | X                     | ĺ                   |
| Date Spudded  | Date Compi. Ready  | y to Prod.           |               | Total Depth   |                     | P.B.T.D.              |                     |
| 9-18-76   | 4-12-90  |                      |               | 9360'   |                     |                       | 9015'               |
| Elevations (DF, RKB, RT, GR, etc.)                                    | Name of Producing  | Formation            | l             | Top Oil/Gas Pay   |                     | Tubing Depth          |                     |
| 3601.2' GR  | · · · · · · · · · · · · · · · · · · ·  |                      |               | 7707'   |                     | 7600'                 |                     |
| Perforations  |  |                      |               |   |                     | Depth Casing Si       |                     |
| 7707 <b>' -</b> 7828 <b>'</b>   |  |                      |               |   | ·                   | 936                   | .0.                 |
|   | TUBIN  | G, CASI              | NG AND        | CEMENTING RECOR   | <u>D</u>            |                       | WA AFLIFIE          |
| HOLE SIZE   | ******   | CASING & TUBING SIZE |               | DEPTH SET   |                     | SACKS CEMENT          |                     |
| 17-1/2"   |  | 13-3/8"              |               | 409'  |                     | 300 Sx.               |                     |
| 11"   |  | 8-5/8"               |               | 1115'<br>9319'  |                     |                       |                     |
| 7-7/8"  | 5-1/2"<br>2-3/8"   |                      | 7600'         |   |                     | Sx.                   |                     |
| V. TEST DATA AND REQUE  | 2-3/   | WARIE                |               | /600  |                     |                       |                     |
| V. TEST DATA AND REQUE<br>OIL WELL (Test must be after                | SI FUR ALLU  | we of load           | oil and must  | t be equal to or exceed top allo  | wable for thi       | s depth or be for     | full 24 hours.)     |
| Date First New Oil Run To Tank  | Date of Test   | me oj ioda           | 011 0710 7740 | Producing Method (Flow, pu  | mp, gas lift,       | etc.)                 |                     |
| 4-13-90   | 4-17-9   | 10                   |               | Pumping   |                     |                       | =                   |
| Length of Test  | Tubing Pressure  | <u> </u>             |               | Casing Pressure   |                     | Choke Size            |                     |
| 24  | 0 PSI  | ·                    |               | 100 PSI   |                     |                       |                     |
| Actual Prod. During Test  | Oil - Bbls.  |                      |               | Water - Bbls.   |                     | Gas- MCF              |                     |
| 2204  | 85   |                      |               | 2119  |                     | 128                   |                     |
|   |  |                      |               |   |                     |                       | •                   |
| 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            |                     |
| resums Meanor (phot, bean pr.)  |  |                      |               |   |                     |                       |                     |
| VI. OPERATOR CERTIFI  | CATE OF CO   | MPLIA                | NCE           |   | ICEDV               | ATION D               | IVISION             |
| I hereby certify that the rules and reg                               | gulations of the Oil Co  | nservation           |               |   | NOET V              |                       | 1 4 101014          |
| Division have been complied with and that the information given above |  |                      |               |   |                     | JUN 1 9 1990          |                     |
| is true and complete to the best of m                                 | y knowledge and belie  | eī.                  |               | Date Approve  | d                   | JUN 1 3               | 1900                |
| i . Roha  |  |                      |               |   |                     |                       |                     |
| _ ww Boker_   |  |                      | <del></del>   | By  | RIGINAL             | SIGNED BY             | <u></u>             |
| Signature   |  | ·                    | - 10          |   | NKE WIL             |                       |                     |
| W. W. Baker, Admini   | strative Sup   | perviso<br>Title     | UE            | TitleS  | UPERVIS             | OR, DISTRI            | CI II               |
| 4-25-90 (505) <u>39</u>   | 7-5800   |                      |               | 11  | **** · ·            |                       | in consequent       |
| Date  |  | Telephone            | No.           |   |                     |                       | •                   |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
   4) Separate Form C-104 must be filed for each pool in multiply completed wells.