

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
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Conoco Inc.

Address
P.O. Box 460 Hobbs, NM 88240

Reason for change of ownership (check one)
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

If change of ownership give name
and address of previous owner

B. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 30	Well No. 3	Pool Name, including Formation Lindrith Gallup Dakota-West	Kind of Lease State, Federal or Fee Indian C-4	Lease No.
Location Twp. Letter J : 1850 Feet From The S Line and 1850 Feet From The E				
Line of Section 32 Township 25N Range 4W, NMPM, Rio Arriba				

C. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Ciniza Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1887, Bloomfield, NM
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Petroleum Plaza, Farmington NM
If well produces oil or liquids, give location of tanks.	Unit 0 Sec. 29 Twp. 25 Rge. 4 Is gas actually connected? Yes When 2-3-66

If this production is commingled with that from any other lease or pool, give commingling order number

D. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐	Plug Back ☐ Same Reentry ☐ Drill Reentry ☐
Date Spudded	Date Compl. Ready to Prod.	Total Depth
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay
Perforations		Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

E. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

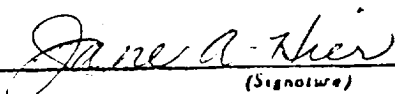
(Test must be after recovery of total volume of load oil and must be equal to or exceed any allowable for this depth or be for full 24 hours)

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

GAS WELL

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

F. 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.

Administrative Supervisor

(Title)

November 17, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 22 1982

BY

TITLE SUPERVISOR DISTRICT # 3

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 allow
able 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 multipl
completed wells.