

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Table with columns for Distribution, State, FMS, U.S.G., Land Office, Transporter (Oil/Gas), Operator, and Operation Office.

Operator Conoco Inc.

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

Reason(s) for filing (Check proper box) and Other (Please explain) section with checkboxes for New Well, Recompletion, Change in Ownership, Change in Transporter of Oil, Gas, and Casinghead Gas, and Dry Gas, Condensate.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Table with columns: Lease Name (Jicarilla 28), Well No. (7), Pool Name (Lindrith Gallup Dakota, West), Kind of Lease (State, Federal or Fee Jic. Indian), Lease No. (C-66), Location (Unit Letter J, 1980 Feet From The South Line and 1980 Feet From The East, Line of Section 27, Township 25N, Range 4W, NMPM, Rio Arriba, County).

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Table with columns: Name of Authorized Transporter of Oil (Conoco Inc. Surface Transportation), Address (P. O. Box 1429, Bloomfield, N. M. 87413), Name of Authorized Transporter of Casinghead Gas (El Paso Natural Gas Company), Address (Petroleum Plaza, Farmington, New Mexico 87401), and production details (Unit J, Sec. 28, Twp. 25N, Rge. 4W, is gas actually connected? Yes).

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

COMPLETION DATA

Table with columns: Designate Type of Completion (X), Oil well, Gas well, New Well, Workover, Deepen, Plug Back, Same Reservoir, Diff. Res., Date Spudded, Date Compl. Ready to Prod., Total Depth, P.B.T.D., Elevations (DF, RKB, RT, GR, etc.), Name of Producing Formation, Top Oil/Gas Pay, Tubing Depth, Perforations, Depth Casing Shoe.

TUBING, CASING, AND CEMENTING RECORD

Table with columns: HOLE SIZE, CASING & TUBING SIZE, DEPTH SET, SACKS CEMENT.

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)

Table with columns: Date First New Oil Run To Tanks, Date of Test, Producing Method (Flow, pump, gas lift, etc.), Length of Test, Tubing Pressure, Casing Pressure, Actual Prod. During Test, Oil - Bbls., Water - Bbls., Gas - Mscf.

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GAS WELL

Table with columns: Actual Prod. Test - MCF/D, Length of Test, Bbls. Condensate/MCF, Gravity of Condensate, Testing Method (pilot, back pr.), Tubing Pressure (Shot-In), Casing Pressure (Shot-In), Choke Size.

OIL CON. DIV. DIST. 3

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.

David L. Smythi (Signature)

Administrative Supervisor

(Title)

November 16, 1984

(Date)

OIL CONSERVATION DIVISION

NOV 16 1984

APPROVED

BY [Signature]

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

Separate Forms C-104 must be filed for each pool in multi-completed wells.