

## OIL CONSERVATION DIVISION

P. O. BOX 2088

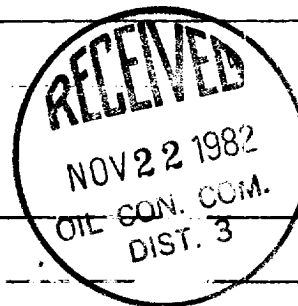
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
Conoco Inc.

P.O. Box 460 Hobbs, NM 88240

Recompletion ☐Oil ☒Dry Gas ☐Change in Ownership ☐Casinghead Gas ☐Condensate ☐If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 30	Well No. 5	Pool Name, including Formation Lindrith Gallup Dakota-West	Kind of Lease State, Federal or Free Indian C-4
Location Unit Letter <u>B</u> : <u>800</u> Feet From <u>Tha</u> <u>N</u> Line and <u>1850</u> Feet From <u>The</u> <u>E</u> Line of Section <u>32</u> Township <u>25N</u> Range <u>4W</u> NMPM, Rio Arriba			

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 3-10-72

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same 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								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed production  
able 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-Bble.	Water-Bble.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. 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.

Administrative Supervisor

November 17, 1982

## OIL CONSERVATION DIVISION

APPROVED

NOV 22 1982

Original Signed by FRANK T. CHAVEZ

BY

SUPERVISOR DISTRICT # 3

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 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 multi pl  
completed wells.