

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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DISTRIBUTION	
SANTA FE	
P.M.S.	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	Oil <input type="checkbox"/> Gas <input type="checkbox"/>
OPERATION	
PROMOTION OFFICE	

Operator
 Conoco Inc.

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

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

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 Fee	Lease Jic. Indian C-41
Location Unit Letter <u>B</u> ; <u>800</u> Feet From The <u>North</u> Line and <u>1850</u> Feet From The <u>East</u>				
Line of Section <u>32</u> T. <u>25N</u> Range <u>4W</u> , NMPM, Rio Arriba				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, New Mexico 87413
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, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit : 0 Sec. : 29 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: PC-299

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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

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 - 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	Cable Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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 OIL CON. DIV.
 DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prod. back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Cable 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.

David A. Engle
 (Signature)

Administrative Supervisor

(Title)

November 16, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 16 1984
Frank J. Gandy
 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 deep 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 able on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of own 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.