

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES RETURNED	
DISTRIBUTION	
SANTA FE	
FILE	
N.M.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
Conoco Inc.

Address

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

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☒Condensate ☐

Other (Please explain)

Gas to be used on lease.

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name Northeast Haynes	Well No. 15	Pool Name, including Formation Ballard Pictured Cliffs	Kind of Lease State, Federal or Fee	Jicarilla Apache	Lease C-36
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>24N</u> Range <u>5W</u> , NMPM, Rio Arriba Count					

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Conoco Inc.	P. O. Box 460, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

(If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_)

## COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. F
		X	X					
Date Spudded 12-13-82	Date Compl. Ready to Prod. 1-19-83	Total Depth 2580'	P.B.T.D. 2481'					
Levelons (DF, RAB, RT, GR, etc.) 6673' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2376'	Tubing Depth					
Perforations 2376', 77', 79', 80', 82' & 2383'	Depth Casing Shoe 2580'							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	313'	248 Ft <sup>3</sup>
6-1/2"	3-1/2"	2559'	684 Ft <sup>3</sup>

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - Bbls.
JUN 11 1985			

## GAS WELL

Actual Prod. Test-MCF/D 35	Length of Test 24	Bbls. Condensate/MCF DIST. 3	Gravity of Condensate
Testing Method (puls, back pr.) Flowing	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in) 18 psi	Choke Size 3/4"

## 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.(Signature)  
Administrative Supervisor

(Title)

June 10, 1985

## OIL CONSERVATION DIVISION

APPROVED JUN 11 1985, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE

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-  
ership or other such change of control.