STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER: OIL	
TRANSPORTER: GAS	
OPERATOR	
PRORATION OFFICE	

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

30151W

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
DEC 22 1988
OIL CON. DIV
DIST. 3

Operator: Conoco Inc.

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

Reason(s) for filing (Check proper box): New Well [X]; Recompletion [ ]; Change in Ownership [ ]; Change in Transporter of: Oil [ ]; Dry Gas [ ]; Casinghead Gas [ ]; Condensate [ ]; Other (Please explain):

If change of ownership give name and address of previous owner:

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease / State, Federal or Fee	Lease No.
Jicarilla 20	13	Lindrith Gallup Dakota, West	Indian / Contract 64	

Location: Unit Letter H : 1490 Feet From The North Line and 1150 Feet From The East

Line of Section 20 Township 25N Range 4W NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ]: Conoco Inc. Surface Transportation
Address (Give address to which approved copy of this form is to be sent): P. O. Box 1429, Bloomfield, N. M. 87413

Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [ ]: El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent): P. O. Box 1492, El Paso, Texas 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	20	25N	4W	Yes	11-23-88

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 Resv.	Diff. Res.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-9-88	10-12-88	8073'	8019'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
7192' RKB	Gallup/Dakota	6820'	6954'
Perforations			**Depth Casing Shoe**
6820' - 7092', 7660'-7880'			8073'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	405'	300 Sx.
7-7/8"	5-1/2"	8073'	1700 Sx.
	2-7/8"	6954'	

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-31-88	12-4-88	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	150 psi	330 psi	
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
55	52	3	532

GAS WELL

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

Marlene Simpson
(Signature)
for Administrative Supervisor
(Title)
12-21-88
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 1 1989, 19
BY Original Signed by FRANK T. CHAVEZ
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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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.