

DISTRICT I
P. O. Box 1000, Hobbs, NM 88240

DISTRICT II
P. O. Drawer 00, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Pk., Artesia, NM 87410

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc.	Well API No. 30-045-21633
Address 3817 N.W. Expressway, OKC, OK 73112-1400	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change In Transport of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Effective: 07-01-91 Change In Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> 546	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Com G	Well No. 2A	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fed	Lease No.
Location Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>S</u> Line and <u>1650</u> Feet From The <u>E</u> Line Section <u>32</u> Township <u>29N</u> Range <u>8W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Giant Refining	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 338, Bloomfield, NM 87413	
Name of Authorized Transporter of Casinghead Gas Conoco Inc.	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 3817 N.W. Expressway, OKC, OK 73112-1400	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>32</u> Twp. <u>29N</u> Rge. <u>8W</u>	Is gas actually connected? Yes	When?

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'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, AKB, 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			
					MAR 5 1992			
					OIL CON. DIV.			

V. 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 24 hours for full 24 hours.)

Date First New Oil Run To Tank	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 - MCF

GAS WELL

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

VI. OPERATOR 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 W. W. Baker Admin. Supervisor
Printed Name W. W. Baker (405) 948-4859
Date 03-24-92 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 25 1992

By [Signature]

Title SUPERVISOR DISTRICT #3