

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc.		Well API No. 30-045-28220
Address 3817 N.W. Expressway, OKC, OK 73112		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	NOTE: New connection for coal seam gas
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hughes "B"	Well No. 20	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078046
Location Unit Letter <u>B</u> : <u>2390</u> Feet From The <u>South</u> Line and <u>1135</u> Feet From The <u>West</u> Line Section <u>21</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 <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)	
El Paso Natural Gas Co.	30th St., Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Soc.
	Twp.	Rge.
		Is gas actually connected?
		When?
		No
		A.S.A.P.

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
		X	X					
Date Spudded 12-05-90	Date Compl. Ready to Prod. 03-26-91	Total Depth 3222'	P.B.T.D. 3178'					
Elevations (DF, RKB, RT, GR, etc.) 6440' GR 6453' KB	Name of Producing Formation Fruitland	Top Oil/Gas Pay 2935'	Tubing Depth 3026'					
Perforations 2935-40', 2949-56', 2963-71', 3012-15', 3020-36'	Depth Casing Shoe 3222'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 264'		SACKS CEMENT 225 sxs				
7 7/8"	5 1/2"	3222'		745 sxs				
	2 3/8" Tubing	3026'						

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 be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test 03-27-91	Producing Method (Flow, pump, gas lift, etc.) Plunger Lift (flowing)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls. 5

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MAY 08 1991

GAS WELL

Actual Prod. Test - MCF/D 1220	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (Shut-in) 499	Casing Pressure (Shut-in) 528	Choke Size 3/4"

OIL CON. DIV
DIST. 3

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
Printed Name W.W. Baker
Date 04-26-91
Adm. Supervisor
Title
(405) 948-4859
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 08 1991

By [Signature]
Title SUPERVISOR DISTRICT 13

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.