

DISTRICT I
P. O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Flo Brazos Rd., Aztec, 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. |
| Address 3817 N.W. Expressway, Oklahoma City, 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: 7-1-91 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 | Well No. | Pool Name, including Formation | Kind of Lease | Lease No. |
| Trieb | 1 | Aztec Pictured Cliffs | State, Federal or Fee | |
| Location Unit Letter J : 1650 Feet From The S Line and 1650 Feet From The E Line Section 33 Township 30N Range 10W , NMPM, San Juan County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|---|-------------------------------------|--|------|-----------------------------------|
| Name of Authorized Transporter of Oil | or Condensate | Address (Give address to which approved copy of this form is to be sent) | | |
| Giant Refining, Inc. | <input type="checkbox"/> | Box 338, Bloomfield, New Mexico 87413 | | |
| Name of Authorized Transporter of Casinghead Gas | or Dry Gas | Address (Give address to which approved copy of this form is to be sent) | | |
| Conoco Inc. | <input checked="" type="checkbox"/> | 3817 N.W. Expressway, Oklahoma City, OK 73112 | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. |
| | | | | 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, RKB, 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 | | | |
| | | | | | OCT 11 1991 | | | |
| | | | | | 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 be 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
Printed Name W.W. Baker Administrative Supervisor
Date 10-4-91 Telephone No. (405) 948-3120

OIL CONSERVATION DIVISION

Date Approved OCT 11 1991
By [Signature]
Title SUPERVISOR DISTRICT 13