

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF SPONSOR LICENSES	
DISTRICT	
COUNTY	
FILE NO.	
U.S.G.A.	
LEASE OFFICE	
TRANSPORTER	<input type="checkbox"/>
OPERATION	<input type="checkbox"/>
OPERATION OFFICE	
OPERATOR	

Conoco Inc.

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

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Condensate Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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	Lease No.
MCA Unit	372	Maljamar Grayburg San Andres	State, Federal or Fee LC-029405B	
Location	Unit Letter	Feet From The	Line and	Feet From The
	P	1226	South	1310
			East	
Line of Section	T. orship	Range	Lea	Count
20	17S	32E		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	Drawer 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc. Maljamar Plant	P. O. Box 90, Hobbs, New Mexico 88264
Well produces oil or liquids, give location of tanks.	is gas actually connected? When
Unit D Sec. 28 Twp. 17S Rge. 32E	Yes 10-11-87

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 <input checked="" type="checkbox"/>	Gas well <input type="checkbox"/>	New well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Reservoir <input type="checkbox"/>	Drill. H. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-27-87	10-3-87	4300'	4250'					
Levels (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3985' Gr.	Grayburg San Andres	3847'	4135'					
Perforations		Depth Casing Shoe						
3847' - 4074'		4300'						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	16"	785'	680 Sx.
14-3/4"	11-3/4"	2000'	930 Sx.
10-5/8"	7"	4300'	2145 Sx.
	2-7/8"	4135'	

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed 10% allowable for this depth or be for full 24 hours)

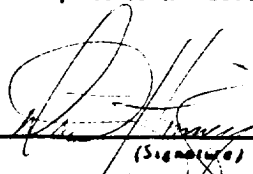
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
10-11-87	10-29-87	Pumping
Length of Test	Tubing Pressure	Casing Pressure
24		
Fluid Prod. During Test	Oil - Bbls.	Water - Bbls.
300	47	253
		Gas - MCF
		19

AS WELL

Fluid Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Casing Method (plug, back pr.)	Tubing Pressure (Shot-10)	Casing Pressure (Shot-10)	Casing 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.

  
D. F. Finney  
Administrative Supervisor  
11-5-87  
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 2 1987, 19\_\_\_\_  
BY Paul Kautz  
Geologist  
TITLE \_\_\_\_\_

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 device tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells 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 conditions.

RECORDED  
NOV 15 1967  
OCS  
HARRIS OFFICE