PRITATION OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MORATION OFFICE						
Conoco Inc.						
P. O. Box 460, Ho	hhs New Me	xico 88240			 	
esson(s) for filing (Check proper ba	Other (Please explain)					
ew Well Change in Transporter of:						
recompletion OIB XX Dry hange in Ownership Caminghead Gas Cons			7 1.			
	Caminghe	od Gas Conde	ensate [
change of ownership give name d address of previous owner			·	·		
ESCRIPTION OF WELL AND	LEASE					
rease Name Well No. Pool Name, Incli		Pool Name, Including I	ormation	Kind of Leas	Cind of Lease	
East E-K Unit 8 EK Queen, Ed			State, Federal or Fee OG-1633			
Unit Letter H : 198	30Feet Fro	m The North Li	ne and660	Feet From	The East	
Line of Section 22 T.	mahip 18	S Range	34E , NMPM	, Le	a	Count
ESIGNATION OF TRANSPOR	TER OF OIL	AND NATURAL G	45			
ame of Authorized Transporter of Cli	Address (Give address to which approved copy of this form is to be sent)					
Conoco Inc. Surface Tra	P. O. Box 2587, Hobbs, New Mexico 88240 Address (Give address to which approved copy of this form is to be sent)					
Conoco Inc.	P. O. Box 90, Maljamar, New Mexico 88264					
well produces oil or liquids. Whit Sec. Twp. Rqe. K 22 18S 34E			Is gas actually connected? When			
his production is commingled wi			Yes give commingling order	number:	3-1-69	
Designate Type of Completic	n = (X)	il Well Gas Well	New Well Workover	Deepen	Plug Back Same Resty	Dill. H
nte Spudded	Date Compl. R	eady to Prod.	Total Depth		P.B.T.D.	-
evetions (DF, RKB, RT, GR, etc.)	Name of Produ	ing Formation	Top Oil/Gas Pay		Tubing Depth	
· ·						
riorations				····	Depth Casing Shoe	
	T	,	CEMENTING RECORD	<u> </u>		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
	<u> </u>			· ·		
ST DATA AND REQUEST FO	OR ALLOWAE		l fer recovery of total valum pth or be for full 24 hours)		ind must be equal to or exc	reed top c
te Fust New Oil Run To Tanks	Date of Test		Producing Method (Flow,		i, etc.)	
ngth of Test	Tubing Pressur	•	Casing Pressure		Choke Size	
ual Prod. During Test	Oll-Sble.		Water-Bble.		Gas-MCF	
S WELL					•	
ual Prod. Teel-MCF/D	Length of Test		Bbis. Condensate/MMCF		Gravity of Condensate	
ling Method (puot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Chake Size	
RTIFICATE OF COMPLIANC	ε		oir ch	NSERVAT	984 984	
reby certify that the rules and regulations of the Oll Conservation sion have been compiled with and that the information given a is true and complete to the best of my knowledge and belief.			APPROVED, 19			
			BY ORIGINAL SIGNED BY JESSEY SECTION			
			TITLE	DISTINCT 1.5	UPERVISOR	
0.01	1			e (Hed In Co	mollance with mile of	
World & Imeglie			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepe			
(Signa(yre) Administrative Supervisor			well, this form must be accompanied by a tabulation of the devia- tests taken on the well in accordance with MULE 111.			
(Title)			All sections of this form must be filled out completely for all- able on new and recompleted wells.			
August 10, 1984			Fill out only Sections I, II, III, and VI for changes of own			
· (Dute)			well name or number, or transporter, or other such change of conditi- Separate Forms C-104 must be filed for each pool in multi-			
		H	romoleted wells.		·	•

RECEIVED

AUG 1 3 1984

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