

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 COMPANIES	
DISTRICT	
COUNTY	
NAME	
ADDRESS	
REPORTING OFFICE	
OPERATOR	
REGISTRATION OFFICE	

Company Name: Conoco Inc.
 Address: P. O. Box 460, Hobbs, NM 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter oil: <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Incompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Chainhead Gas <input type="checkbox"/>	

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Skaggs B</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Skaggs Abo</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC-031620B</u>
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Location:
 Unit Letter B ; 990 Feet From The North Line and 1980 Feet From The East
 Line of Section 12 Township 20S Range 37E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Case 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) <u>P. O. Box 2587, Hobbs, NM</u>
Case of Authorized Transporter of Chainhead 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) <u>El Paso, NM</u>

Is well produces oil or liquids, give location of tanks. Unit B Sec. 12 Twp. 20S Rge. 37E Is gas actually connected? yes When 12/3/84

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 type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded. <u>4-15-84</u>	Date Compl. Ready to Prod. <u>6-28-84</u>	Total Depth <u>7503'</u>	P.B.T.D. <u>7452'</u>					
Deviations (DF, RKB, RT, GR, etc.) <u>3579.6' GL</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>6940'</u>	Tubing Depth <u>7021'</u>					
Perforations <u>7373'-7411', 7181'-7335', 7042'-7147'</u>			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>1475'</u>	<u>1170 sy</u>
<u>8-1/2"</u>	<u>7"</u>	<u>7500'</u>	<u>3031 sy</u>
	<u>2-3/8"</u>	<u>7021'</u>	

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

AS WELL

Actual Prod. Test-MCF/D <u>2500 mcf</u>	Length of Test <u>24 hrs</u>	Bbls. Condensate/MCF	Gravity of Condensate <u>NA</u>
Testing Method (pilot, back pr.) <u>Flowing</u>	Tubing Pressure (Shot-in) <u>300 psi</u>	Casing Pressure (Shot-in) <u>0</u>	Choke Size <u>48/64</u>

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.

David A. Smylie
 (Signature)
 Administrative Supervisor
 (Title)
 12/3/84
 (Date)

OIL CONSERVATION DIVISION
DEC 28 1984

APPROVED _____, 1984
 BY JERRY SEXTON
 DISTRICT SUPERVISOR

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 deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable 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 condition.
 This form must be filed for each pool in multiple copies.

MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

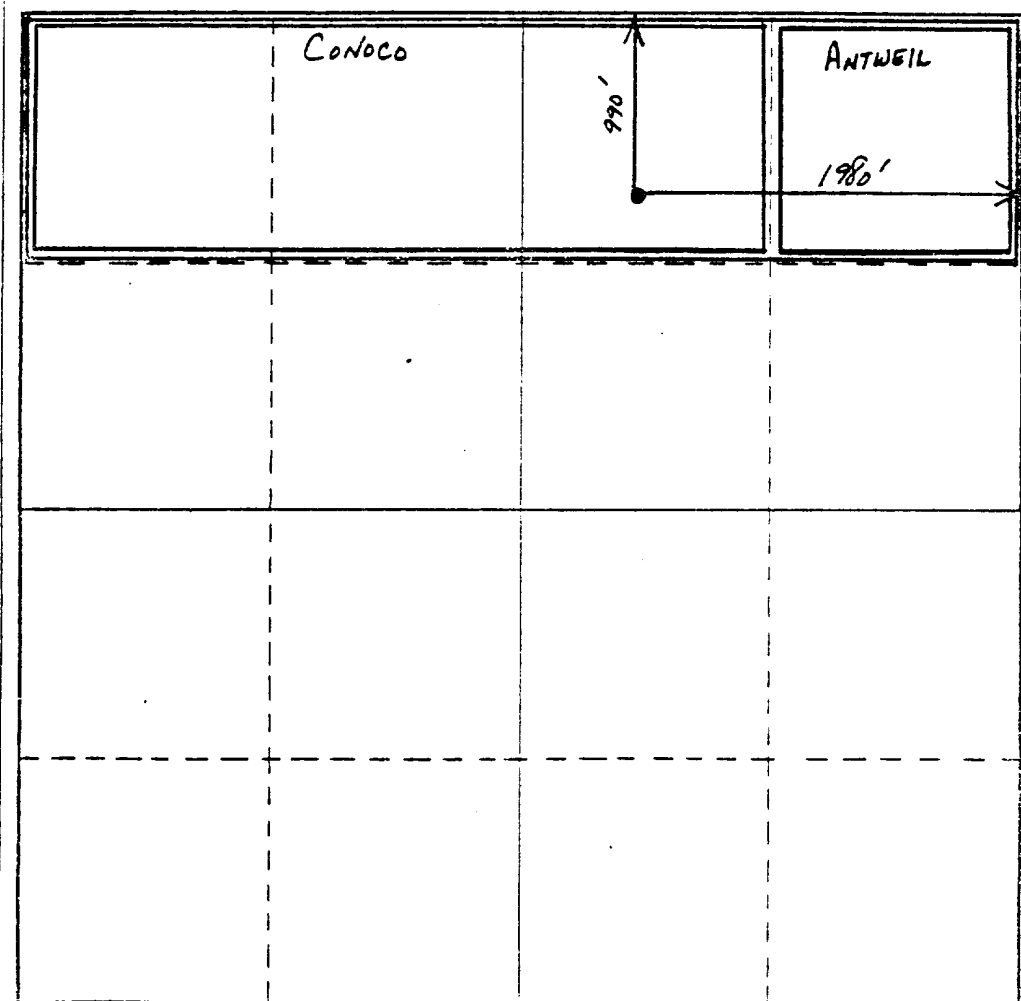
Operator Conoco Inc.		Lease Skaggs B			Well No. 7
Unit Letter B	Section 12	Township 20S	Range 37E	County Lea	
Actual Footage Location of Well: 990 feet from the North line and 1980 feet from the East line					
Ground Level Elev.	Producing Formation Abo Gas		Pool Skaggs Abo		Dedicated Acreage: 160 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes No If answer is "yes," type of consolidation communitization

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name David L. Smyth
 Position Administrative Supervisor
 Company Conoco Inc.
 Date October 2, 1984

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed _____
 Registered Professional Engineer and/or Land Surveyor

Certificate No. _____

