

OIL CONSERVATION DIVISION
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JUL 17 1981
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Conoco Inc. /

Address
P.O. Box 460 Hobbs, NM 88240

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
 FLARED AFTER 7-1-81
 UNLESS AN EXCEPTION TO Rule 306
 IS OBTAINED
 Ex # 2-548**

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name State 22	Well No. 1	Pool Name, Including Formation East Empire Yates 7-Rivers	Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal or Fee	Lease # E-1351
Location Unit Letter N ; 330 Feet From The S Line and 1650 Feet From The W				
Line of Section 22 Township 17-S Range 28-E , NMPM, Lee Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2587, Hobbs, NM
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	N 22 17 28 No

If this production is commingled with that from any other lease or pool, give commingling order number: _____

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. R.
Date Spudded 4-27-81	Date Compl. Ready to Prod. 5-08-81	Total Depth 860'	P.B.T.D. 855'					
Elevations (DF, RKB, RT, Gr, etc.) GL 3598	Name of Producing Formation Yates 7 Rivers	Top Oil/Gas Pay 647'	Tubing Depth 745'					
Perforations 705' - 738'	Depth Casing Shoe 860'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	200'	80
7-7/8"	4-1/2"	860'	250
	2-3/8"	745'	

IV. 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 5-11-81	Date of Test 6-03-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 45 psi	Casing Pressure NA	Choke Size Open
Actual Prod. During Test 15	Oil-Bbls. 10	Water-Bbls. 5	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (psit, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke 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.

Jane A. Wier
(Signature)
Administrative Supervisor

June 29, 1981
(Date)

N.M.O.C.D.-5 File-1

OIL CONSERVATION DIVISION

APPROVED JUL 17 1981

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deep 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 well name or number, or transporter, or other such change of conditions.
 Separate Forms C-104 must be filed for each pool in multi-completed wells.