

RECEIVED AT
JUL 26 1984
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND

NO OF COPIES RECEIVED			
DISTRIBUTION			
TAPES		<input checked="" type="checkbox"/>	<input type="checkbox"/>
FILE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.O.S.			
LAND OFFICE			
TRANSPORTER	UIC		
	DAB		
OPERATOR		<input checked="" type="checkbox"/>	
PRODUCTION OFFICE			
Operator			

7A

Reason(s) for filing (Check proper box)

Other (Please explain)

Effective 8/1/84

If change of ownership give name and address of previous owner Conoco, Inc., P.O. Box 460, Hobbs, N.M. 88240

Lease Name State 22	Well No. 1	Pool Name, Including Formation East Empire Yates SR	Kind of Lease State, Federal or Fee	State State	Lease No. E-1351
Location					
Unit Letter N : 330 Feet From The South Line and 1650 Feet From The West					
Line of Section 22 Township 17S Range 28E , NMPM, Eddy County					

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
TA						
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

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	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		

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

Date First New Oil Run To Tanks	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

Post ID 7-27-84
OKg Dp.

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

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.

Production Clerk

(Title)

7/25/84

(Date)

APPROVED JUL 27 1984, 19

Original Signed By _____ BY _____

TITLE Supervisor District II

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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.

Separate Form C-104 must be filed for each pool in multiple completed wells.