Form C-104 Revised 10-1-78 STATE OF NEW MEXICO HERGY AND MINERALS DEPARTMENT OIL CONSERVATION DIVISION RECEIVED P. O. BOX 2088 DILLBURULION SANTA FE, NEW MEXICO 87501 EANTAFE DEC 2 4 1981 F1L E REQUEST FOR ALLOWABLE LAND OFFICE O. C. D. GMA IMANSPORTER ARTESIA, OFFICE OAL AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPENATOR PROBATION OFFICE Operator Conoco Inc. Address Hobbs, NM 88240 P.O. Box 460 Other (Please explain) Reason(s) for filing (Check proper box) CASINGHUAD CAS MUST N FLARED VILLE 27-62 Change in Transporter of: UNLESS AN EXCEPTION TO Rule 306 Dry Cas 011 Recompletion Condensate Casinghead Gas Change in Ownership IS OBTAINED Ex # 2-589 Until If change of ownership give name and address of previous owner. 1. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. | Pool Name, Including Formation E-742 State, School XXXX State U Signated Empire Abo State 19 Location West South Line and \_ 1571 Feet From The Unit Letter\_ 29E Eddy County NMPM. 17S Range 19 qidens T Line of Section I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Neme of Authorized Transporter of Oil P. O. Box 2587, Hobbs, NM 88240 Conoco Inc. Surface Transportation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas P. O. Box 1384, Jal, NM 88252 El Paso Natural Gas Co. When Sec. Is gas actually connected? Unit If well produces oil or liquids, give location of tanks. 19 17 If this production is commingled with that from any other lease or pool, give commingling order number: Same Res'v. Diff. Res's Plug Back Workover New Well Oil Well Gas Well Designate Type of Completion - (X) 1 X P.B.T.D. Total Depth Date Compl. Ready to Prod. 7489 7432-Date Spudded 10,792' 10-6-81 Tubing Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.)
GR 3647 7121' 7104 7061 Abo Depth Casing Shoe 10880 Perforations Abo 7061' - 7104' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE /7 //7" /2 //4" 750 431 1378 8 3/8 ° 12900 7423 1565 778" 27/8" 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) TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date of Test Date First New Oil Run To Tanks Pump 12-8-81 10-18-81 Choke Size Casing Pressure Tubing Pressure Length of Tent 120 75 24 Gga - MCF Water - Bbls. Oll-Bbla Actual Prod. During Test 123 132 Gravity of Condensat GAS WELL Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Sixe Casing Pressure (Shut-iu) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) DIL CONSERVATION DIVISION . CERTIFICATE OF COMPLIANCE APPROVED ab, centry that the rules and regulations of the Oil Comservation

Administrative (Tide)

I hereby centry that the rules and regulations in information given Division have been compiled with and that the information given above is two and compilets to the best of my knowledge and belief.

12-28-81

This form is to be filled in compliance with RULE 1904. If this is a sequest for allowable for a newly drilled or despens

SUPERVISOR DISTRICT II

TITLE .

well. this form must be accompensed by a sabulation of the devisations with nucle 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 condition well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multi-numbleted wells.

