

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

AUG 19 1982

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

Operator

Conoco, Inc. ✓

Address

P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 10-1-82
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINEDIf change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State S-19	Well No. 3	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee E-742	Lease No.
Location				
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East				
Line of Section 19 Township 17S Range 29E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" 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, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 19
	Twp. 17S	Rge. 29E
	Is gas actually connected? No	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input 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' <input type="checkbox"/>
Date Spudded 6-3-82	Date Compl. Ready to Prod. 7-22-82		Total Depth 7300'		P.B.T.D. 7258'			
Elevations (DF, RKB, RT, GR, etc.) 3668'	Name of Producing Formation Abo		Top Oil/Gas Pay 7120'		Tubing Depth 7150'			
Perforations Abo 7120' - 7122', 7132' - 7142'					Depth Casing Shoe 7300'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		675'		600 sx			
12-1/2"	9-5/8"		2600'		1133 sx			
7-7/8"	5-1/2"		7300'		350 sx			
	2-7/8"		7150'					

V. 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 7-25-82	Date of Test 7-28-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 289	Oil-Bbls. 70	Water-Bbls. 219	Gas-MCF 100

GAS WELL

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

VI. 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. Heer
(Signature)Administrative Supervisor
(Title)August 18, 1982
(Date)

OIL CONSERVATION DIVISION

AUG 25 1982

APPROVED

BY Leslie A. Clements
SUPERVISOR, DISTRICT II

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 deviate 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.

WELL NAME AND NUMBER: State S-19, Well #3

LOCATION 1980' FSL & 1980' FEL Sec. 19, T17S, R29E, Eddy County, New Mexico
(UNIT, SECTION, TOWNSHIP AND RANGE)

OPERATOR Conoco, Inc.

CONTRACTOR X-Pert Drilling Corp.

THE UNDERSIGNED HEREBY CERTIFIES THAT HE IS AN AUTHORIZED REPRESENTATIVE OF THE DRILLING CONTRACTOR WHO DRILLED THE ABOVE DESCRIBED WELL AND THAT HE HAS CONDUCTED DEVIATION TESTS AND OBTAINED THE FOLLOWING RESULTS:

DEGREES @ DEPTH	
1/4°	200'
1-1/4	400'
1-1/4	675
3/4	875
3/4	1050
3/4	1250
1	1450
3/4	1650
3/4	1950
1/2	2150
1/2	2350
3/4	2600

DEGREES & DEPTH	
3/4	2800
3/4	3008
1-1/2	3200
1	3650
1-3/4	4167
1/2	4350
1/2	4550
3/4	4750
2	5200
1-3/4	5266
2	5923
3	6015

DEGREES & DEPTH	
3-1/4	6049
2-3/4	6112
3	6174
2-1/4	6230
3-1/2	6339
2-3/4	6402
3-1/4	6465
1-3/4	6530
2-1/4	6590
2	6650
2	6740
1-3/4	6821

2 6911
1-1/2 7300

BY:

X-PERT DRILLING CORPORATION

M. N. Castleman
(REPRESENTATIVE)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 9th DAY OF July,
19 82.

Bonnie Lane
NOTARY PUBLIC

Lea COUNTY, State of New Mexico

MY COMMISSION EXPIRES: 3-6-85