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MAR 11 1983

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

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SANTA FE	<input checked="" type="checkbox"/>
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U.S.O.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
NATURAL GAS	<input checked="" type="checkbox"/>
OPERATION	
REGISTRATION OFFICE	

Operator Conoco Inc. ✓	
Address P. O. Box 460, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

## 3. DESCRIPTION OF WELL AND LEASE

Lease Name State S-19	Well No. 4	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee E-742	Lease No.
Location				
Unit Letter 0 : 660 Feet From The South Line and 1700 Feet From The East				
Line of Section 19 Township 17S Range 29E, NMPM, Eddy County				

## 7. 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 Company	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 0	Sec. 19	Twp. 17S	Rge. 29E	Is gas actually connected? Yes	When 1-27-83

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 <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'v. <input type="checkbox"/>
Date Spudded 11-20-82	Date Compl. Ready to Prod. 1-17-83	Total Depth 7350'		P.B.T.D. 7296'				
Elevations (DF, RKB, RT, GR, etc.) 3644' Gr.	Name of Producing Formation Abo	Top Oil/Gas Pay 7128'		Tubing Depth 7177'				
Perforations Abo 7128' - 7144'				Depth Casing Shoe 7350'				

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	675'	690 Sx.
12-1/2"	9-5/8"	2600'	1025 Sx.
7-7/8"	5-1/2"	7350'	1745 Sx.
	2-7/8"	7177'	

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)

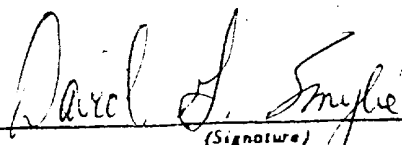
Date First New Oil Run To Tanks 1-28-83	Date of Test 2-6-83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size 3-18-83 Comp + B19
Actual Prod. During Test 51	Oil-Bbls. 26	Water-Bbls. 25	Gas-MCF 56

## 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

## 8. 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.

  
(Signature)

Administrative Supervisor

(Title)

March 10, 1983

(Date)

## OIL CONSERVATION DIVISION

MAR 14 1983

APPROVED \_\_\_\_\_, 19\_\_\_\_

Original Signed By  
BY \_\_\_\_\_  
Leslie A. ClementsTITLE \_\_\_\_\_  
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 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.

CONOCO INC.

P. O. Box 460  
Hobbs, New Mexico

RECEIVED

New Mexico Oil Conservation Division  
P. O. Drawer DD  
Artesia, New Mexico 88210

MAR 11 1983

O. C. D.  
ARTESIA, OFFICE

Gentlemen:

In compliance with New Mexico Oil Conservation Division  
Rule III, we are submitting below a list of deviation surveys taken  
on Conoco Inc.'s State S-19 No. 4,  
located Unit 0 Section 19, Township 17S, Range 29E,  
Eddy County, New Mexico.

<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>
<u>258'</u>	<u>1/4°</u>	<u>3489'</u>	<u>3/4°</u>	<u>5705'</u>	<u>1-1/4°</u>
<u>675'</u>	<u>3/4°</u>	<u>3651'</u>	<u>3/4°</u>	<u>5797'</u>	<u>1-1/4°</u>
<u>933'</u>	<u>1°</u>	<u>3807'</u>	<u>3/4°</u>	<u>5880'</u>	<u>1-1/4°</u>
<u>1180'</u>	<u>1°</u>	<u>3952'</u>	<u>3/4°</u>	<u>5982'</u>	<u>1-1/2°</u>
<u>1414'</u>	<u>1/2°</u>	<u>4118'</u>	<u>3/4°</u>	<u>6198'</u>	<u>1-1/4°</u>
<u>1735'</u>	<u>3/4°</u>	<u>4676'</u>	<u>1/4°</u>	<u>6228'</u>	<u>1-1/2°</u>
<u>1983'</u>	<u>1/2°</u>	<u>4834'</u>	<u>1/4°</u>	<u>6381'</u>	<u>1-1/4°</u>
<u>2220'</u>	<u>3/4°</u>	<u>4982'</u>	<u>1/4°</u>	<u>6536'</u>	<u>1-1/4°</u>
<u>2477'</u>	<u>1/2°</u>	<u>5208'</u>	<u>3/4°</u>	<u>6681'</u>	<u>1°</u>
<u>2600'</u>	<u>1/2°</u>	<u>5334'</u>	<u>3/4°</u>	<u>6644'</u>	<u>1°</u>
<u>2685'</u>	<u>1°</u>	<u>5479'</u>	<u>1°</u>	<u>7022'</u>	<u>1/2°</u>
<u>2806'</u>	<u>1/4°</u>	<u>5634'</u>	<u>1-3/4°</u>	<u>7350'</u>	<u>1/2°</u>
<u>3334'</u>	<u>1/4°</u>				

Yours very truly,

*David H. Smylie*

Subscribed and sworn to before me, a Notary Public, in and for Lea County,  
New Mexico, this 10<sup>th</sup> day of March, 1983.

4/11/84  
My Commission Expires

*Carol O. Yarbrough*  
Notary Public