

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

JUL 22 1982

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.B.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<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	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Penny Federal	Well No. 2	Pool Name, including Formation Dagger Draw Upper Penn, Assoc South	Kind of Lease State, Federal or Fee NM045274	Lease No.
Location Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>1780</u> Feet From The <u>East</u> Line of Section <u>23</u> Township <u>20S</u> Range <u>24E</u> , NMPM. <u>Eddy</u> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco 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"/> Natural Gas Pipeline	Address (Give address to which approved copy of this form is to be sent) 122 S. Michigan Ave., Chicago, Illinois 60603
If well produces oil or liquids, give location of tanks.	Unit <u>0</u> Sec. <u>23</u> Twp. <u>20S</u> Rge. <u>24E</u> Is gas actually connected? <u>Yes</u> When <u>3-7-82</u>

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. Diff. <input type="checkbox"/>
Date Spudded 12-14-81	Date Compl. Ready to Prod. 3-9-82	Total Depth 9700'	P.B.T.D. 9550'				
Elevations (DF, REB, RT, GR, etc.) 3639' DF	Name of Producing Formation Cisco	Top Oil/Gas Pay 7696'	Tubing Depth 7628'				
Perforations 7696' - 7794' Cisco			Depth Casing Shoe 9700'				

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	454'	660 sx
12-1/4"	9-5/8"	1202'	1186 sx
8-3/4"	7"	9700'	1641 sx
	2-7/8"	7628'	

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 of  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 3-25-82	Date of Test 4-13-82	Producing Method (Flow, pump, gas lift, etc.) Gas Lift	
Length of Test 24 hours	Tubing Pressure 80 PSI	Casing Pressure 1040 PSI	Choke Size
Actual Prod. During Test 1004	Oil-Bbls. 163	Water-Bbls. 841	Gas-MCF 509

## GAS WELL

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

## 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. Nier*  
(Signature)

Administrative Supervisor

(Title)

July 21, 1982

(Date)

## OIL CONSERVATION DIVISION

JUL 27 1982

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

BY *Mark W. Wilkins*  
TITLE **OIL AND GAS INSPECTOR**

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 devi  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of conditSeparate Form C-104 must be filed for each pool in multi  
completed wells.