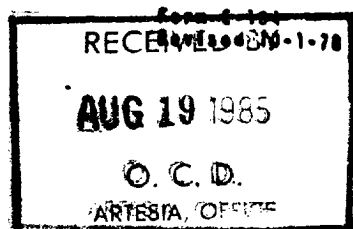


Oil or Gas Produced	
Distribution	
State	
County	
City	
State Office	
Transporter	
Location	
Location Office	
Other	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Conoco Inc.

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

Person(s) for filing (Check proper box)	Other (Please explain)
Well Completion <input type="checkbox"/>	To show two transporters of oil.
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Change of ownership give name  
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease
Lodewick A	1	N. Dagger Draw Upper Penn.	State, Federal or Fee Fee	

Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West

Line of Section 19 Township 19S Range 25E , NMPM, Eddy County

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Signature of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P. O. Box 838, Hobbs, New Mexico 88240
Conoco Inc. Surface Transportation	P. O. Box 2587, Hobbs, New Mexico 88240
Signature of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc.	P. O. Box 460, Hobbs, New Mexico 88240

Well produces oil or liquids, re location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	C	19	19S	25E	Yes	4-2-82

Is this production 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	Some Revis.	Drill H
Is Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Measurements (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Measurements			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			8-23-85
			Show 2nd LT. PER

TEST DATA AND REQUEST FOR ALLOWABLE  
WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top 24 hours for this depth or be for full 24 hours)

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

SHUT-IN WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing Method (pump, 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 is true and complete to the best of my knowledge and belief.

Administrative Supervisor

August 16, 1985

OIL CONSERVATION DIVISION  
AUG 21 1985

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

BY \_\_\_\_\_  
Original Signed By  
Les 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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 conditions.