

OIL CONSERVATION DIVISION

RECEIVED BY
P. O. BOX 2587

SANTA FE, NEW MEXICO 87501

SEP 26 1985

REQUEST FOR ALLOWABLE

ARTESIAN OFFICE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.A.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator
Conoco Inc.Address
P. O. Box 460, Hobbs, NM 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter oil: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Gas <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 MC #5

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Tuesday Federal	1	Und. Wolfcamp	State, Federal or Fee	NM-24160
Location				
Unit Letter	M	810'	Feet From The South Line and 990'	Feet From The West
Line of Section	34	T. Township	19-S	Range 29-E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name 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)
Conoco Inc. Surface Transportation	P. O. Box 2587, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 1384, Jal, NM 88252
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
M 34 19S 29E	<input checked="" type="checkbox"/> 10-1-85

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

COMPLETION DATA

Designate Type of Completion - <input checked="" type="checkbox"/>	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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1/11/85	4/20/85	12000'	11820'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3334' GL	Wolfcamp	9292'	9295'
Perforations			Depth Casing Shoe
9292'-9304' w/4 jspf, 78 holes			9200'-packer

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	1120'	700 sxs <u>Pact ID-2</u>
12-1/4"	9-5/8"	2972'	775 sxs <u>10-11-86</u>
8-3/4"	7"	11908'	1000 sxs <u>Camp-ail</u>
	2-7/8"	9295'	

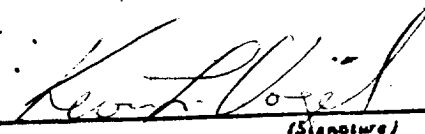
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
4/20/85	5/16/85	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	1550 psi	0	13/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	438	0	800

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test			
Testing Method (pilot, 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.


(Signature)
Administrative Supervisor

(Title)

SEP 25 1985

OIL CONSERVATION DIVISION

OCT 8 1985

APPROVED _____, 19____

Original Signed By
BY Les 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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of