

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

MAR - 4 1991

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>Conoco Inc.</u>	Well API No. <u>30-015-26570</u>
Address <u>10 Desta Dr. STE 100W, Midland, TX 79705</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Barbara Federal</u>	Well No. <u>10</u>	Pool Name, Including Formation <u>No Dagger Draw Upper Perm</u>	Kind of Lease State, (Federal or Fee)	Lease No. <u>NM-1372</u>
Location				
Unit Letter <u>G1M</u> : <u>780</u> Feet From The <u>South</u> Line and <u>730</u> Feet From The <u>West</u> Line				
Section <u>17</u> Township <u>19 S</u> Range <u>25 E</u> , NMPM, <u>Eddy</u> 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"/> <u>Conoco Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2587, Hobbs, N.M. 88240</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 460, Hobbs, N.M. 88240</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>19</u>
	Twp. <u>19 S</u>	Rge. <u>25 E</u>
	Is gas actually connected? <u>Yes</u>	
	When? <u>2-21-90</u>	

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

CTB-338

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>1-12-91</u>	Date Compl. Ready to Prod. <u>2-21-91</u>		Total Depth <u>8105</u>		P.B.T.D. <u>8040</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>KB 3596, GL 3578</u>	Name of Producing Formation <u>North Dagger Draw</u>		Top Oil/Gas Pay <u>7682</u>		Tubing Depth			
Performances <u>7682 - 7859</u>					Depth Casing Shoe <u>8053</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <u>14 3/4</u> <u>8 3/4</u>	CASING & TUBING SIZE <u>9 5/8</u> <u>7</u>		DEPTH SET <u>1219</u> <u>8105</u>		SACKS CEMENT <u>1200</u> <u>1600</u> <u>Post FD-2</u> <u>3-15-91</u>			

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 Tank <u>2-21-91</u>	Date of Test <u>2-25-91</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>100</u>	Choke Size
Actual Prod. During Test <u>1010</u>	Oil - Bbls. <u>609</u>	Water - Bbls. <u>267</u>	Gas- MCF <u>609</u>

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. OPERATOR 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
Bill R. Keathly Sr. Staff Analyst
Printed Name
2-27-91 Title
915-686-5424
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 28 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.