

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

OIL CONSERVATION DIVISION

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

RECEIVED

APR 30 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 Conoco Inc.	Well API No. 30-015-26623
Address 10 Desta Drive, Suite 100W, Midland, Texas 79705-4500	
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 Dee State	Well No. 3	Pool Name, Including Formation N. Dagger Draw-Upper Penn	Kind of Lease <input checked="" type="checkbox"/> Federal or Fee	Lease No. K-6385
Location Unit Letter J : 1650 Feet From The South Line and 1980 Feet From The East Line Section 36 Township 19S Range 24E, NMPM, Eddy 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"/> Conoco Inc. Surface Transp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2587, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) 10 Desta Drive, Ste 100W, Midland, TX 79705					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 36	Twp. 19S	Rge. 24E	Is gas actually connected? Yes	When? 04/06/91

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input 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 02/02/91	Date Compl. Ready to Prod. 04/06/91		Total Depth 8114'		P.B.T.D. 8050			
Elevations (DF, RKB, RT, GR, etc.) GR 3603'	Name of Producing Formation Cisco Canyon		Top Oil/Gas Pay 7582		Tubing Depth 7537			
Perforations 7902-7964 and 7594-7804					Depth Casing Shoe 8109			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	9-5/8"		1201'		1025 sxs			
8-3/4"	7"		8109'		1220 sxs			

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 04/06/91	Date of Test 04/09/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 2082	Oil - Bbls. 114	Water - Bbls. 1968	Gas- MCF 315

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
Nannette Nelson Oil Production Analyst
Printed Name
04/15/91 (915) 686-6553
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved
By
Title

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.