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Appropriate District Office
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State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION AUG 1 7 1993 P.O. Box 2088

C.C.D.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Santa Fe, New Mexico 87504-2088

Operator							Well	API No.			
Conoco Inc.							30-015-27221				
Address 10 Desta Drive	C+0 100	/M Mta	iland	יי עידי	9705			<u> </u>			
Reason(s) for Filing (Check proper box		w, mid	itand,	IA /							
New Well	9	Channe	in Transp		XX On	et (Please expl	ain)				
Recompletion	Oil	Change	Dry G	_	TO	CHANGE	LEASE N	AME FROM	1 DEE ST	TATE NO 4	
Change in Operator	Casingh	end Gae	Conde	_	TO	DEE 36S	WISTATE	1 1000			
If change of operator give name	Canign			4996	13	FECTIVE	AUGUSI	1, 1993			
and address of previous operator					-	 -					
I. DESCRIPTION OF WELL AND LEASE											
DEE SECH CHATE		Well No		iame, Includ	ing Formation		Kind of Lease State, Federal or Fee		Lease No.		
DEE 36SW STATE		4	DAG	GER DR	AW UPPER	PENN	344	- Tousies of Fo	LG-	-1525	
K	10	80					800		unem		
Unit Letter	:13	70V	_ Feat F	rom The	SOUTH Lin	e and	800 F	eet From The	MESI	Line	
Section 36 Town	hip 1	.9 S	Range	2	4 E , N	MPM, E	DDY			County	
			-								
III. DESIGNATION OF TRA				D NATL							
Name of Authorized Transporter of Oil	Za_ a	or Condensate				e address to wi	hick approved	a copy of this f	orm is to be s	ent)	
PAROCO PIP Name of Authorized Transporter of Cas	E/DY	<u> </u>	or Dry	Gas -	Address (Cir.	address to en	bich co-	d annu of this t	in to be -		
Phillips La		Or Dry GES			ALLES (UN	- <i>GEO ESS 10 W</i> I	men approved	ed copy of this form is to be sent)			
If well produces oil or liquids,	Unit	Sec.	Twp.		Is gas actually connected?			When ?			
give location of tanks.	_i	<u> </u>		<u>i</u>			i				
If this production is commingled with th	at from any or	ther lease or	r pool, gi	ve comming	ling order numi	ber:					
IV. COMPLETION DATA		1				·	,	,			
Designate Type of Completion	n - (X)	Oil We	U (Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		npi. Ready i	o Prod.		Total Depth	L	<u> </u>	P.B.T.D.	L		
•		-p.:						F.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing F	ormation		Top Oil/Gas Pay			Tubing Depth			
						<u> </u>					
Performions								Depth Casing Shoe			
		TIDDIO	O A CTI	NC AND	CC) CC) PTT	IC PECOP		<u> </u>			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET	ע	Τ	SACKS CEMENT		
HOLE SIZE	-	CASING & TOBING SIZE				Jer III GET			Part TD-3		
							•	14	7-77-	93	
									the said	Masse	
								the well name			
V. TEST DATA AND REQUI	EST FOR	ALLOW	ABLE					<u> </u>			
OIL WELL (Test must be after			of load	oil and must					or full 24 hou	PS.)	
Date First New Oil Run To Tank	Date of To	est			Producing Me	sthod (Flow, pu	mp, gas lift, d	etc.)			
Length of Test	Tubing Pe	Tubing Pressure				ne .		Choke Size	Choke Size		
	I doing Fr	Tubing Freedite			Casing Pressu						
Actual Prod. During Test	Oil - Bbis	Oil - Bbls.				Water - Phis.			Gas- MCF		
GAS WELL								· · ·			
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MIMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pr	reseure (Shu	K-啦)		Casing Pressu	14 (2011-11)		Choke Size			
III ODED AMOD CONT	<u> </u>			·	ļ	<u> </u>					
VL OPERATOR CERTIFIC				ICE	(DIL CON	ISERV	ATION I	DIVISIO)N	
I hereby certify that the rules and reg Division have been complied with an									J. V 1010	<i>,</i> ,,,	
is true and complete to the best of m			CE BOUVE	•	Data	A =====	ا ک	J6 19 1	003		
1. 1	,	_			Date	Approved	<u> </u>	I U	JJU		
But X	Dell	2									
Signature	, 25 -	DOUT :-	OPM C	DEC	∥ By_	•	IAL SIGN				
BILL R. KEATHLY SR. REGULATORY SPEC. Printed Name Title						MIKE WILLIAMS					
8-12-93_	91	5-686-			Title.	SUPER	NISOR.	DISTRICT	11		
Date	1		ephone N	lo.							

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.

No.

AMOCO PIPEIINE Phillips 66