

OIL CONSERVATION DIVISION

P.O. BOX 7088

SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 23 1982

O. C. D.
SANTA FE, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF APPLICANTS	5
DATE RECEIVED	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator

Conoco Inc. ✓

Address

Box 460

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Add

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 34	Well No. 1	Pool Name, Including Formation Springs Upper Penn	Kind of Lease State , Federal xxx NM-34458	Lease No.
Location				
Unit Letter N ; 960 Feet From The South Line and 1980 Feet From The West				
Line of Section 34 Township 20S Range 26E, NMPM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)	
Conoco Inc. Surface Transportation	Box 2587, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
Gas Co. of New Mexico	311 Moore Drive, Carlsbad, NM 88220	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 34
	Twp. 20	Rge. 26
	Is gas actually connected?	When
	Yes	8/21/81

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation CISCO		Top Oil/Gas Pay		Tubing Depth			
Perforations 8045' - 8055'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

IV. 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)

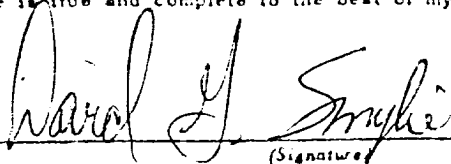
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

I. 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.



Administrative Supervisor

(Title)

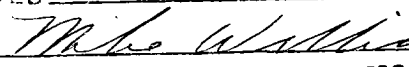
June 22, 1982

(Date)

OIL CONSERVATION DIVISION

JUN 28 1982

APPROVED _____, 19

BY TITLE **OIL AND GAS INSPECTOR**

This form is to be filed in compliance with RULE 1194.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the geologic tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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 condition.

Separate forms C-104 must be filed for each pool in multiple completed wells.