

## OIL CONSERVATION DIVISION

RECEIVED

Form C-104  
Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

SEP 20 1982

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA OFFICE

NO. OF OFFICES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator

Conoco Inc.

Address

P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☒Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## 1. DESCRIPTION OF WELL AND LEASE R-7322 SEC. 8/1/82

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
James Ranch Unit	7	Undesignated Bone Spring Oil	State, Federal or Fee NM02887A	
Location				
Unit Letter	G	1980 Feet From The North Line and 1980 Feet From The East		
Line of Section	6	Township 23S	Range 31E	NMPM, Eddy County

## 2. 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, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" 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, New Mexico 88252					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	6	23S	31E	yes	2-79

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
	X					X		X
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
6-29-74	1-19-76		14,590		13,900'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3319' GR	Bone Spring		11,017		13,900'			
Perforations					Depth Casing Shoe			
Bone Spring 11,017' - 11,052'								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	630'	550 sx
14-3/4"	10-3/4"	3942'	650 sx
9-1/2"	7-5/8"	11912'	700 sx
6-1/2"	5" liner	14,585	370 sx

## 3. TEST DATA AND REQUEST FOR ALLOWABLE (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)

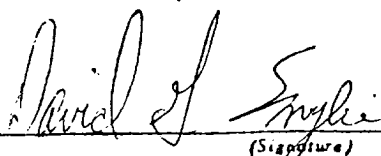
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-1-82	9-4-82	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	400 PSI	400 PSI	12/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
57	57	0	208

## 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

## 4. 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)September 16, 1982  
(Date)

## OIL CONSERVATION DIVISION

NOV 22 1982

APPROVED \_\_\_\_\_, 12

BY \_\_\_\_\_ Original Signed By  
Leslie A. Clements  
TITLE \_\_\_\_\_ 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 deviate 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.