

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Table with columns for DO. OF COPIES RECEIVED, DISTRIBUTION, SANTA FE, FILE, U.S.G.S., LAND OFFICE, TRANSPORTER (OIL, GAS), OPERATOR, PROMOTION OFFICE, Operator.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED MAR 14 1984 OIL CON. DIV. DIST. 3

Operator: Conoco Inc.
Address: P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
New Well [] Change in Transporter of: Oil [] Dry Gas []
Recompletion [] Casinghead Gas [] Condensate [X]
Change in Ownership []

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name: Northeast Haynes, Well No.: 6, Pool Name: Basin Dakota (Gas), Kind of Lease: State, Federal or Fee Indian, Lease No.: C-36
Location: Unit Letter D, 904 Feet From The North, Line and 1105 Feet From The West, Line of Section 15, Township 24N, Range 5W, NMPM, Rio Arriba, County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [] or Condensate [X]: Ciniza Pipeline, Address: P. O. Box 1887, Bloomfield, N. M. 87413
Name of Authorized Transporter of Casinghead Gas [] or Dry Gas [X]: Conoco Inc., Address: P. O. Box 460, Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks: Unit P, Sec. 16, Twp. 24N, Rge. 5W, Is gas actually connected? Yes, When 10-29-62
If this production is commingled with that from any other lease or pool, give commingling order number: R-5205

COMPLETION DATA

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

TUBING, CASING, AND CEMENTING RECORD

Table with columns: HOLE SIZE, CASING & TUBING SIZE, DEPTH SET, SACKS CEMENT

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 (pistol, back pr.) [], Tubing Pressure (Shut-in) [], Casing Pressure (Shut-in) [], Choke Size []

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: [Signature]
Administrative Supervisor
March 13, 1984
(Date)

OIL CONSERVATION DIVISION
APPROVED: [Signature] MAR 14 1984
BY: Original Signed by CHARLES GHOLSON
TITLE: DEPUTY OIL & GAS INSPECTOR, DIST. #3
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 device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multi-completed wells.