

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |             |
|------------------------|-------------|
| CO. OF COPIES RECEIVED |             |
| DISTRIBUTION           |             |
| SANTA FE               |             |
| FILE                   |             |
| U.S.D.                 |             |
| LAND OFFICE            |             |
| TRANSPORTER            | OIL         |
|                        | NATURAL GAS |
| OPERATOR               |             |
| PROMOTION OFFICE       |             |

Operator  
Conoco Inc.

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

|                                              |                                         |                                     |
|----------------------------------------------|-----------------------------------------|-------------------------------------|
| Reason(s) for filing (Check proper box)      | Other (Please explain)                  |                                     |
| New Well <input type="checkbox"/>            | Change in Transporter of:               |                                     |
| Recompletion <input type="checkbox"/>        | Oil <input checked="" type="checkbox"/> | Dry Gas <input type="checkbox"/>    |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |

If change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

|                                |                 |                                                |                                               |                       |
|--------------------------------|-----------------|------------------------------------------------|-----------------------------------------------|-----------------------|
| Lease Name<br>Northeast Haynes | Well No.<br>7   | Pool Name, including Formation<br>Otero Gallup | Kind of Lease<br>State, Federal or Fee Indian | Lease No.<br>C-36     |
| Location                       |                 |                                                |                                               |                       |
| Unit Letter<br>L               | : 1850          | Feet From The<br>South                         | Line and<br>790                               | Feet From The<br>West |
| Line of Section<br>10          | Township<br>24N | Range<br>5W                                    | NMPM,<br>Rio Arriba                           | County                |

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 1429, Bloomfield, N. M. 87413                                  |            |             |            |                                   |       |
| 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) |            |             |            |                                   |       |
| Conoco Inc.                                                                                                              | P. O. Box 460, Hobbs, New Mexico 88240                                   |            |             |            |                                   |       |
| If well produces oil or liquids,<br>give location of tanks.                                                              | Unit<br>P                                                                | Sec.<br>16 | Twp.<br>24N | Rge.<br>5W | Is gas actually connected?<br>Yes | Where |

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 Reservoir, Diff. F. |
| Date Spudded                       | Date Comp. 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

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| 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 10% of total volume of load oil 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                               |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 |
|                                 |                 | Gas - MCF                                     |

RECEIVED  
NOV 16 1984

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Quality of Condensate |
| Testing Method (pilot, 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.

*David J. Engle*  
(Signature)

Administrative Supervisor

November 16, 1984  
(Date)

OIL CONSERVATION DIVISION

APPROVED *NOV 16 1984*

BY *Frank J. Gandy*  
SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper 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 own well name or number, or transporter, or other such change of conditions.