

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                      |   |
|----------------------|---|
| NO. OF COPIES ISSUED |   |
| DISTRIBUTION         |   |
| SANTA FE             |   |
| FILE                 |   |
| U.S.U.S.             |   |
| LAND OFFICE          |   |
| TRANSPORTER          | <input checked="" type="checkbox"/> OIL<br><input type="checkbox"/> 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            | <input type="checkbox"/> | Change in Transporter of: |                                     |
| Recompletion        | <input type="checkbox"/> | Oil                       | <input checked="" type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/>            |
|                     |                          | Dry Gas                   | <input type="checkbox"/>            |
|                     |                          | Condensate                | <input type="checkbox"/>            |

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|   |               |  |  |                   |
|---|---------------|--|--|-------------------|
| Lease Name<br>Jicarilla 28  | Well No.<br>1 | Pool Name, including Formation<br>Lindrith Gallup Dakota, West | Kind of Lease<br>State, Federal or Fee Lic. Indian | Lease No.<br>C-66 |
| Location<br>Unit Letter <u>J</u> : 1980 Feet From The <u>South</u> Line and 1980 Feet From The <u>East</u><br>Line of Section <u>28</u> Township <u>25N</u> Range <u>4W</u> , NMPM, 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"/><br>Conoco Inc. Surface Transportation  | Address (Give address to which approved copy of this form is to be sent)<br>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"/><br>El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>Petroleum Plaza, Farmington, New Mexico 87401 |            |             |            |                                   |      |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>J   | Sec.<br>28 | Twp.<br>25N | Rge.<br>4W | Is gas actually connected?<br>Yes | When |

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. R |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |             |         |
| Elevations (DF, RKB, RT, CR, 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 -  
able 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  |

OIL CON. DIV.  
DIST. 3

## GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (prior, back pr.) | Tubing Pressure (Shot-in) | Casing Pressure (Shot-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 L. Smylie  
(Signature)

Administrative Supervisor

(Title)

November 16, 1984

(Date)

## OIL CONSERVATION DIVISION

APPROVED NOV 16 1984, 19BY Frank J. [Signature]  
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep  
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  
able 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 condition.  
Separate Forms C-104 must be filed for each pool in multi.