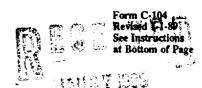
Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088



DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO TRA	NSPORT OIL	AND NA		AS	⊾ 55,5			
Operator				l			API No.		
Conoco Inc.				30-039-20207					
	60 Hobbs	. ΔΙΆΔ	202	40					
Reason(s) for Filing (Check proper box		, 10 10		ner (Please explo	in)				
New Well	· —	Transporter of:							
Recompletion 🔟	_	Dry Gas 🔲							
Change in Operator	Casinghead Gas	Condensate							
and address of previous operator									
II. DESCRIPTION OF WEL	L AND LEASE								
Lease Name	Well No. Pool Name, Including			· · · · · · · · · · · · · · · · · · ·			of Lease No.		
Jicarilla 22	3 3	Mesaverde		State,	e, Federal or Fee Contract		tract (5)		
Location Unit Letter	_:_890	Feet From The 🖊	acth in	m and 890	') E-	et From The	Wes	£ Line	
Section 33 Town		Range 4 W		_	o Arri			Lanc	
Section 27 27 TOWN		Nange -7	, N	MITIMI, N	S FULL	<u> </u>		County	
III. DESIGNATION OF TRA					-				
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 1429, Bloom field, NM 87413									
Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas. or Dry Gas				1429,	Bloom	ntield,	<u>, NM</u>	8 1413	
FL Paso Natur	Address (Give address to which approved copy of this form is to be sent)								
If well produces oil or liquids,							Paso TX 79978		
give location of tanks.		25N/4W	ue	-		12-9-	88		
If this production is commingled with th	at from any other lease or p	ool, give comming!	ing order num	ber:					
IV. COMPLETION DATA	lo: w :	1	1	1	· -			· ·	
Designate Type of Completio	Oil Well on - (X)	Gas Well	New Well	Workover	Deepen	Plug Back Sa	ame Res'v	Diff Res'v	
Date Spudded	pudded Date Compl. Ready to Prod.		Total Depth		L!	P.B.T.D.		<u> </u>	
6-5-69	12-2-	19-3-88		7975		6640			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		True Boat			
7004' Perforations 5696'-5700'	Mesavero	5	562		Depth Casing Shoe				
5562'-68' 5574-82		c n/-20/~	7/ 50t	610-6-60	•	Depth Casing 3	snoe		
0364 63 3374 8A	TUBING. (CASING AND	CEMENTI	NG RECORI	D	!			
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
121/4	8 5/8"			2771	_	175 st			
77/8		5 '/a"		79.75		770 st			
		23/8		5664					
V. TEST DATA AND REQUI	EST FOR ALLOWA	BLE	<u> </u>						
	r recovery of total volume of		be equal to or	exceed top allo	wable for this	depth or be for	full 24 hou	rs.)	
				Producing Method (Flow, pump, gas lift, etc.)					
						I (7) 1 (6)			
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			
Oil Doil.									
GAS WELL	·								
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	sate/MMCF		Gravity of Con	densate		
337	34h	Tubing Pressure (Shut-in)		3/		45.8			
Testing Method (pitot, back pr.)				Casing Pressure (Shut-in)			Choke Size		
flowing	SI 140 ps		SI	460ps	s/				
VI. OPERATOR CERTIFIC			(אטט ווכ	SERV	ע ואטודג	1// כור)NI	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.			Date Approved						
M	1 .		Dale	- Uhbiosec	4		· · ·		
Il avere Hempson			By_	By Original Signed by FRANK T. CHAVEZ					
Signature D.F. Finney A	Administrative S	uperdisac				• ,			
Printed Name	1	Fittle	Title			UPERVISOR DIS	HRICI 獨 3	3	
1-24-89 Date	(505)397-3 Teleph	5 8 0 0							
Date.	1 elebi	IOUG IVO.	11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.