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

State of New Mexico
Energy, Minerals and Natural Resources Department

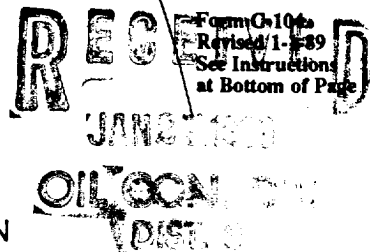
OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS



I.

Operator <u>Conoco Inc.</u>	Well API No. <u>30-039-20227</u>
Address <u>P.O. Box 460, Hobbs, NM 88240</u>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <u>Change from Jicarilla 22-4</u> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <u>to Jicarilla 22-12A</u>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE ✓

Lease Name <u>Jicarilla 22</u>	Well No. <u>12A</u>	Pool Name, Including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee	Lease No. <u>Contract 65</u>
Location Unit Letter <u>J</u> : <u>2080</u> Feet From The <u>South</u> Line and <u>2290</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>25N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Conoco Inc. Surface Transportation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1429, Bloomfield, NM 87413</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492, El Paso TX 79978</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>22</u>	Twp. <u>25N</u>	Rge. <u>4W</u>
	Is gas actually connected? <u>yes</u>		When? <u>12-17-88</u>	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>6-22-69</u>	Date Compl. Ready to Prod. <u>12-14-88</u>		Total Depth <u>8100'</u>		P.B.T.D. <u>6850'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>7087'</u>	Name of Producing Formation <u>Mesaverde</u>		Top Oil/Gas Pay <u>5684'</u>		Tubing Depth <u>5756'</u>			
Perforations <u>5684'-94', 5698'-5702', 5742'-48', 5754'-60', 5803'-09', 5816'-20', 5824'-30'</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <u>12 1/4"</u>	CASING & TUBING SIZE <u>8 5/8"</u>		DEPTH SET <u>270'</u>		SACKS CEMENT <u>210</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>8100'</u>		<u>770</u>			
	<u>2 3/8"</u>		<u>5756'</u>					

V. 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 Tank	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 <u>421</u>	Length of Test <u>24 hours</u>	Bbls. Condensate/MMCF <u>20</u>	Gravity of Condensate
Testing Method (pilot, back pr.) <u>flowing</u>	Tubing Pressure (Shut-in) <u>SI 200 psi</u>	Casing Pressure (Shut-in) <u>SI 355 psi</u>	Choke Size

VI. OPERATOR 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 Margie Simpson
for D.F. Finney Administrative Supervisor
Printed Name 1-24-89 Title (505) 397-5800
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 27 1989

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT III

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.

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Conoco Inc.	Well API No. 30-039-20227
Address P. O. Box 460, Hobbs, New Mexico 88240	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Change Well No.
Recompletion <input type="checkbox"/>	From: Jicarilla 22 No. 4
Change in Operator <input type="checkbox"/>	To: Jicarilla 22 No. 12A
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 22	Well No. 12A	Pool Name, Including Formation Lindrith Gallup Dakota, West	Kind of Lease Ind. State, Federal or Fee	Lease No. Contract #65
Location Unit Letter J : 2080 Feet From The South Line and 2290 Feet From The East Line Section 15 Township 25N Range 4W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 22	Twp. 25N	Rge. 4W	Is gas actually connected? No - Pool Shut In	When ?
If this production is commingled with that from any other lease or pool, give commingling order number:					PC-754	

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. 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.)

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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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 W. W. Baker
Printed Name W. W. Baker Administrative Supervisor
Date 4-5-89 Telephone No. (505) 397-5800

OIL CONSERVATION DIVISION

Date Approved APR 06 1989
By [Signature]
Title SUPERVISION DISTRICT # 3

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

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