Submit 5 Copies
Appropriate District Office
DISTRICT 1
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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		O ITIMIT	ISPORT OI	C VIAD IAV	I OHAL GA	10				
Operator Conoco Inc.		Well API No. 300392036200								
Address 3817 N.W. Expre	eccwav.	Oklahor	ma Citv.	OK 7311	2					
Reason(s) for Filing (Check proper box)	coonay,	OKTUTIO	iid O1033		es (Please expla	in)				
New Well			ransporter of:		-					
Recompletion	Oil Casinghead		Ory Gas 📙 Condensate 🔯							
If change of operator give name	Campreso	0m [] C	Olicense M		 					
and address of previous operator								·	 	
II. DESCRIPTION OF WELL Leage Name /			ogi Name, inclu	llas Formation		Wind.	of Lease		ase No.	
HKI APACHE J		16			HACKA (GAS) STATE			Pederal or Fee C-147		
Location Unit Letter	<u>:2</u>	90 F	eet Prom The _	N Lin	e and	40 Fe	et From The _	w	Line	
Section 7 Township 25N Range 5W , NMPM, RIO ARTE (54 County										
III. DESIGNATION OF TRAN	SPORTER	R OF OIL	AND NATI	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										
GIANT KEFINING	25733 A	25733 N. Sarrsdafeto, Scornstate, AZ 85255								
Name of Authorized Transporter of Camphead Gas or Dry Gas XX					Address (Give address to which approved copy of this form is to be sent) FO. Box 1899 GHOOMFIELE, NM 87413					
If well produces oil or liquids, give location of tanks.			Twp. Rge. Is gas actually connected? When ?						<u> </u>	
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or po	ol, give commin							
Designate Type of Completion	- (Y)	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	L	<u> </u>	P.B.T.D.		<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations					· ·			Depth Casing Shoe		
		· · · · · · · · · · · · · · · · · · ·	a. a a a.a	····				· · · · · · · · · · · · · · · · · · ·		
LOI PLANTS	TUBING, CASING AND									
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT .		
							ļ			
V. TEST DATA AND REQUES	ST FOR A	LLOWAI	BLE	<u> </u>			1			
OIL WELL (Test must be after r				n be equal to o	exceed top allo	wable for thi	is depth or be j	or full 24 hour	·s.)	
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pressure			Case	C. D. C. C. E. V. E. I			Shoke Size		
Actual Prod. During Test	Oil - Bbis.			Water Tobia	0.07 0.10		Gas- MCF			
GAS WELL	1			1	OCT 219	990	<u> </u>		<u></u> :	
Actual Prod. Test - MCF/D	Length of T	est .		Bble. COL	LGON.	DIV.	Gravity-of-C	ondenente		
					DIST. 3					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Press	ure"(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.					OIL CONSERVATION DIVISION OCT 0 3 1990 Date Approved					
Ww Roken				By_	2 1 d					
Signature J. E. Barton Administrative Supr. Printed Name Title					SUPERVISOR DISTRICT #3					
Date	(40	5) 948-		Title		 			·	

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.

