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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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	10	O TRAN	SPORT OIL	AND NA	TUHAL	GAS						
Operator Conoco Inc.									Well API No. 300392/60400			
Address 3817 N.W. Exp	resswav.	Oklahom	a Citv. (K 7311	2							
Reason(s) for Filing (Check proper box					rer (Please ex	colain)						
New Well		hange in Tri	usporter of:		(1. 10							
Recompletion	Oll	XX D				,						
Change in Operator	Casinghead		endensate			1.8						
If change of operator give same and address of previous operator		<u> </u>				7,777		 _				
II. DESCRIPTION OF WELI	L AND LEAS	SE	- 1, 11 - 1, 11 - 1, 11									
Lease Name J. CARILLA 20	7	Vell No. Po	ol Name, Includ		N. Suin	T	Kind o	Lease ederal or Fe	. 1 <i>0071</i> 2	000 410		
Location	,		and decited in	L	SUP THEOL	A JOST	<u> </u>		16070	-		
Unit Letter	:_ <i>[63</i>	50_ Pe	et Prom The 🕰	/8/c/+	ne and	e60	Pec	t From The	EAST	Line		
Section 29 Towns	hip 25	L RI	inge 4w	, N	MPM,	Rio	Arri	ba		County		
III. DESIGNATION OF TRA					·	4				······································		
Name of Authorized Transporter of Oil	(XXX)X °	r Condensate	, <u> </u>				•		orm is to be see	=		
Giant Refining Co.									dale, AZ			
Name of Authorized Transporter of Cas	inghest Cas	Or Or	Dry Gas	Address (Gi	ne address 10	which a	pproved (opy of this fo	orm is to be see			
ETTASONATURA		<u> </u>		HETROLI	YUM P	AZA	FAR	MINCH	on NM	8740		
If well produces oil or liquids,		ec. Tv		la gas actual			When					
give location of tanks.	101	29 12	5N/4W	u	ES		ĺ					
If this production is commingled with the	nt from any other	lease or poo	l, give comming									
IV. COMPLETION DATA									· · · · · · · · · · · · · · · · · · ·			
Designate Type of Completio		Oil Well	Cas Well	New Well	Workover	Į D	eepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.			Total Depth	J		J	P.B.T.D.	l <u></u>	1		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	Audae Borni	Top Oil/Gas Pay				That a Produ					
								Tubing Depth				
Perforations						1		Depth Casin	g Shoe			
	TU	BING, C	ASING AND	CEMENTI	NO RECO	ORD			<u>-</u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT .					
		Ontolled a robite dizz										
					····	1						
						- 1						
				 		- i-		7.3	E TO E	\$ 5.7 G		
V. TEST DATA AND REQUI	EST FOR AL	LOWAR	LE	<u> </u>		- : :		1(1)	<u> </u>	1. 18		
OIL WELL (Test must be after				he savel to a	· · avasad tan.	e Haum M	. Con chie	و مِلْ أَنْهُ أَنْ أُسْمِهِ	for full 24 hour	-• 1		
Date First New Oil Run To Tank	Date of Test	, , , , , , , , , , , , , , , , , , ,	vou ou one musi		lethod (Flow,				AUG C &			
Length of Test	Tubing Press	ure		Casing Press	ure	•		Choke Size	1 005	1 (1)		
							Gal-MCF D/S7. 3					
Actual Prod. During Test	Oil - Bbie.			Water - Bbls.				ORS- MCF				
GAS WELL						- 1			•			
Actual Prod. Test - MCF/D	Length of Te	Bbls. Condensate/MMCF				Gravity of Condensate						
Testing Method (place, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	CATEOR	* M1 40°	ANCE	1		11		<u> </u>				
				•		NSF	:RVA	TION	DIVISIO	M /		
I hereby certify that the rules and reg Division have been complied with an				11		, 40F						
is true and complete to the best of my			DOVE	Dote	Approv	nd	1	4UG 0	9 1990			
0 (0)			•	Date	Appior	_		1.60				
J E Bata				By_		- W.	- 7	5	ul	* * * * * * * * * * * * * * * * * * *		
Signátúra J. E. Barton	Adminis			-					B DICT #			
Printed Name	(405) 948-3		Title	DEPU	TA OIL	& GAS	INSPECTO	R, DIST. #			
Dete		Telepho		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.