

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		Conoco Inc.		Well API No.		300392/60700	
Address		3817 N.W. Expressway, Oklahoma City, OK 73112					
Reason(s) for Filing (Check proper box)							
New Well		<input type="checkbox"/>		Change in Transporter of:		<input type="checkbox"/> Other (Please explain)	
Recompletion		<input type="checkbox"/>		Oil		<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator		<input type="checkbox"/>		Casinghead Gas		<input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator							

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>LICARILLA 30</u>	Well No. <u>8</u>	Pool Name, Including Formation <u>W. LINDEITH, LINDEITH, Chap. 1st</u>	Kind of Lease State, Federal or Fee	Lease No. <u>007128</u> <u>0090000410</u>
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>800</u> Feet From The <u>West</u> Line Section <u>32</u> Township <u>25N</u> Range <u>4W</u> , 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"/>					Address (Give address to which approved copy of this form is to be sent)	
Giant Refining Co.					23733 N.Scottsdale Rd., Scottsdale, AZ 85255	
Name of Authorized Transporter of Casinhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
EL PASO NATURAL GAS CO.					PETROLEUM PLAZA, FARMINGTON, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	0	29	25N	4W	YES	

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 be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	<div style="text-align: right;"> AUG 06 1990 OIL CON. DIV DIST. 3 </div>
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (<i>plot, back pr.</i>)	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.

By [Signature]
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.