

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-------------|
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| SANTA FE | |
| FILE | |
| U.S.O.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | NATURAL GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator
Conoco Inc.

Address
P.O. Box 460 Hobbs, NM 88240

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------|--|--|--------------------------|
| Lease Name Northeast Haynes | Well No. 6E | Pool Name, Including Formation Basin Dakota | Kind of Lease State, Federal or Fee | Lease No. Indian C-36 |
| Location Unit Letter B ; 910 Feet From The North Line and 1720 Feet From The East Line of Section 15 Township 24N Range 5W , NMPM. Rio Arriba County | | | | |

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Shell Pipeline | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, TX 79702 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) Petroleum Plaza, Farmington, NM |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When No |

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

II. COMPLETION DATA

| | | | | | | | | |
|--|---------------------------------------|--------------------------|-----------------------|----------|--------|-----------|-------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res' |
| | | X | X | | | | | |
| Date Spudded 5/02/81 | Date Compl. Ready to Prod. 6/08/81 | Total Depth 7050' | P.B.T.D. 6901' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6574' GR | Name of Producing Formation Dakota | Top Oil/Gas Pay 6746' | Tubing Depth 6814' | | | | | |
| Perforations 6746' - 6782' | | | Depth Casing Shoe | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 12-1/4" | 8-5/8" | 313' | 220 SX | | | | | |
| 7-7/8" | 5-1/2" | 7049' | 1341 SX | | | | | |
| | 2-3/8" | 6814' | | | | | | |

III. 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 Tanks | 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 687 | Length of Test 24 hrs | Bbls. Condensate/MMCF -- | Gravity of Condensate -- |
| Testing Method (pilot, back pr.) Flowing | Tubing Pressure (Choke-in) 48 psi | Casing Pressure (Choke-in) 230 psi | Choke Size 3/4" |

IV. 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.

Jane A. Nier
(Signature)
Administrative Supervisor
(Title)
August 14, 1981
(Date)

OIL CONSERVATION DIVISION
APPROVED
Original Signed by FRANK T. CHAVEZ
BY
TITLE SUPERVISOR DISTRICT #3
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.