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Exp. 10-23-82
Form C-104
Revised 10-1-78
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OIL CON. COM.
DIST. 3

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LAND OFFICER	
TRANSPORTER	OIL
	NAT
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
CONOCO INC.

Address
P. O. BOX 460, HOBBS, NEW MEXICO 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)

We respectfully request a test allowable of 300 BO for the month of October 1982.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 20	Well No. 11	Pool Name, Including Formation West Lindrith Gallup Dakota	Kind of Lease Indian	Lease No. 64
Location			State, Federal or Fee Contract No.	
Unit Letter 0	: 990	Feet From The South	Line and 2100	Feet From The East
Line of Section 18	Township 25N	Range 4W	NMPM, Rio Arriba County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Ciniza Pipeline Inc.	Address (Give address to which approved copy of this form is to be sent) West Blanco Blvd., Bloomfield, New Mexico 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 990, Farmington, N. M. 87401			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 20	Twp. 25	Rge. 4
Is gas actually connected?		When		
No				

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
(X)								
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 Gallup 6653' - 6969', Dakota 7511' - 7711'			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.	

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GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Ebls. Condensate/MMCF	Gravity of Condensate
Testing Method (psig, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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. New
(Signature)
Administrative Supervisor

October 1, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 14 1982**, 19

BY *[Signature]*
SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable 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 condition.
 Separate Forms C-104 must be filed for each pool in multiple completed wells.