

**OIL CONSERVATION DIVISION**  
P. O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT I  
P. O. Box 1980, Hobbs, NM 88240

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

I.

|                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Operator<br>Conoco Inc.                                                                                                                                                                                                                                                                                                                                                                                             | Well API No.<br>30-045-08645 |
| Address<br>3817 N.W. Expressway, Oklahoma City, OK 73112-1400                                                                                                                                                                                                                                                                                                                                                       |                              |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change In Transport of: <input type="checkbox"/> Other (Please explain)<br>Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Effective: 7-1-91<br>Change In Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                              |
| If change of operator give name<br>and address of previous operator                                                                                                                                                                                                                                                                                                                                                 |                              |

**II. DESCRIPTION OF WELL AND LEASE**

|                                                                                                                                                     |                |                                                    |                                        |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------|----------------------------------------|----------------------|
| Lease Name<br>State Com N                                                                                                                           | Well No.<br>10 | Pool Name, including Formation<br>Blanco Mesaverde | Kind of Lease<br>State, Federal or Fee | Lease No.<br>E 10603 |
| Location<br>Unit Letter M Section 2 Township 29N Range 8W Line and 1090 Feet From The S Line and 1090 Feet From The W Line<br>NMPM, San Juan County |                |                                                    |                                        |                      |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|                                                                 |                                                   |                                                                                                                           |      |      |                                   |                 |
|-----------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------|------|-----------------------------------|-----------------|
| Name of Authorized Transporter of Oil<br>Giant Refining         | or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>Box 338, Bloomfield, New Mexico 87413         |      |      |                                   |                 |
| Name of Authorized Transporter of Casinghead Gas<br>Conoco Inc. | or Dry Gas <input type="checkbox"/>               | Address (Give address to which approved copy of this form is to be sent)<br>3817 N.W. Expressway, Oklahoma City, OK 73112 |      |      |                                   |                 |
| If well produces oil or liquids,<br>give location of tanks.     | Unit                                              | Sec.                                                                                                                      | Twp. | Rge. | Is gas actually connected?<br>YES | When?<br>5-6-53 |

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

**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       |          |        | RECEIVED<br>OCT 11 1991<br>OIL CON. DIV.<br>DIST. 3 |            |            |

**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 for full 24 hours.)

|                                |                 |                                               |            |
|--------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tank | 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        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | 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.

W.W. Baker  
Signature  
W.W. Baker Administrative Supervisor  
Printed Name  
10-4-91 (405) 948-3120  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved OCT 11 1991  
By [Signature]  
Title SUPERVISOR DISTRICT #3