

DISTRICT I  
P. O. Box 1000, Hobbs, NM 88240

DISTRICT II  
P. O. Drawer 603, Artesia, NM 88210

DISTRICT III  
1000 P.O. Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION

P. O. Box 2000  
Santa Fe, New Mexico 87504-2000

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Operator<br><b>Conoco Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                          | Well API No. |
| Address<br><b>3817 N.W. Expressway, Oklahoma City, OK 73112-1400</b>                                                                                                                                                                                                                                                                                                                                                                    |              |
| 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: <b>03-31-92</b><br>Change In Operator <input checked="" 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<br><b>Cooper</b>                                                                                                                                                                                   | Well No.<br><b>1</b> | Pool Name, Including Formation<br><b>Basin Dakota</b> | Kind of Lease<br><input checked="" type="radio"/> State <input type="radio"/> Federal or Fee | Lease No. |
| Location<br>Unit Letter <b>N</b> : <b>990</b> Feet From The <b>S</b> Line and <b>1450</b> Feet From The <b>W</b> Line<br>Section <b>7</b> Township <b>29N</b> Range <b>11W</b> , NMPM, <b>San Juan</b> County |                      |                                                       |                                                                                              |           |

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

|                                                                                                                                                |                                                                                                                                  |      |      |      |                                          |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------|------|------|------------------------------------------|--------------------------|
| Name of Authorized Transporter of Oil<br><b>Grant Refining</b> <input type="checkbox"/> or Condensate <input type="checkbox"/>                 | Address (Give address to which approved copy of this form is to be sent)<br><b>Box 338 Blainfield NM 87413</b>                   |      |      |      |                                          |                          |
| Name of Authorized Transporter of Casinghead Gas<br><b>Conoco Inc.</b> <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br><b>3817 N.W. Expressway, Oklahoma City, OK 73112</b> |      |      |      |                                          |                          |
| If well produces oil or liquids, give location of tanks.                                                                                       | Unit                                                                                                                             | Sec. | Twp. | Rge. | Is gas actually connected?<br><b>Yes</b> | When?<br><b>12-04-61</b> |

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 | Dill Res'v |
| Date Spudded                        | Date Compl. Ready to Prod.  |          | Total Depth                                                                      |          |        | P.B.T.D.          |            |            |
| Elevations (OF, RKB, RT, GN, 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                                                                        |          |        |                   |            |            |
|                                     |                             |          | <b>RECEIVED</b><br><b>APR 7 1992</b><br><b>OIL CON. DIV. 1</b><br><b>DIST. 9</b> |          |        |                   |            |            |
|                                     |                             |          |                                                                                  |          |        |                   |            |            |
|                                     |                             |          |                                                                                  |          |        |                   |            |            |

### 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 district 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.

Signature

**W W Baker**

Printed Name

**W W Baker**

Date

**04-03-92**

Admin. Supervisor

**(405) 948-4859**

Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **APR 07 1992**

By

**Supervisor**

Title

**SUPERVISOR DISTRICT #3**