

DISTRICT I
P. O. Box 1990, Hobbs, NM 88240

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

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 Conoco Inc. | Well API No. 30-045-08912 |
| Address 3817 N.W. Expressway, Oklahoma City, OK 73112-1400 | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change In Transport of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Effective: 7-1-91 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 State Com R | Well No. 14 | Pool Name, including Formation Blanco Mesaverde | Kind of Lease State, Federal or Fee | Lease No. E 11479 |
| Location Unit Letter <u>M</u> Section <u>36</u> Township <u>30N</u> Feet From The <u>940</u> Range <u>9W</u> Line and <u>990</u> Feet From The <u>W</u> Line <u>S</u> Line and <u>990</u> Feet From The <u>W</u> Line NMPM, San Juan County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|---|---|------|------|-----------------------------------|------------------|
| Name of Authorized Transporter of Oil Giant Refining | or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) Box 338, Bloomfield, New Mexico 87413 | | | | |
| Name of Authorized Transporter of Casinghead Gas Conoc Inc. | or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) 3817 N.W. Expressway, Oklahoma City, OK 73112 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? YES | When? 7-16-53 |

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, GA, 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 OCT 11 1991 OIL CON. DIV | | |
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| | | | | | | | | |

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 or be 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 Title
Date (405) 948-3120 Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 11 1991

By [Signature]
Title SUPERVISOR DISTRICT #3