

**DISTRICT I**  
 J. Box 1980, Hobbs, NM 88240

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

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

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

**DISTRICT III**  
 1000 Flo Brazos Rd., Aztec, NM 87410

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

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

Name of Authorized Transporter of Oil <b>Giant Refining</b>	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>Box 338, Bloomfield, New Mexico 87413</b>				
Name of Authorized Transporter of Casinghead Gas <b>Conoco Inc.</b>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <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? <b>YES</b>	When? <b>7-16-53</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	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		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					<b>OCT 11 1991</b>			
<b>OIL CON. DIV.</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 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** (405) 948-3120  
 Date Telephone No.

**OIL CONSERVATION DIVISION**

**OCT 11 1991**

Date Approved \_\_\_\_\_

By Brian J. Chang

**SUPERVISOR DISTRICT #3**

Title \_\_\_\_\_