

# OIL CONSERVATION DIVISION

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

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

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

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

**L**

Operator Conoco Inc.		Well API No. 30-045-09165	
Address 3817 N.W. Expressway, Oklahoma City, OK 73112			
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)			
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Effective Date: 7-1-91
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 Mesa Operating Limited Partnership, P.O. Box 2009, Amarillo, Texas 79189			

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Paul Palmer "D"</i>	Well No. <i>1</i>	Pool Name, Including Formation <i>Basin Dakota</i>	Kind of Lease (State, Federal or Fee)	Lease No. <i>3180-01</i>
Location				
Unit Letter <i>L</i> : <i>1850</i> Feet From The <i>South</i> Line and <i>1190</i> Feet From The <i>West</i> Line				
Section <i>26</i> Township <i>30N</i> Range <i>12W</i> , NMPM, <i>San Juan</i> County				

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Giant Refining, Inc.					Box 338, Bloomfield, New Mexico 87413	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas					P.O. Box 1492, El Paso, Texas 79999	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	2	26	30N	13W		

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			CEMENT		

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 DIV.

## 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 for full 3 ft. per 3

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 Administrative Supr.  
Printed Name W. W. Baker Title  
5-1-91 (405) 948-3120  
Date Telephone No.

OIL CONSERVATION DIVISION  
MAY 03 1991

Date Approved \_\_\_\_\_  
By Brian D. [Signature]  
SUPERVISOR DISTRICT #3  
Title \_\_\_\_\_

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.