

DISTRICT I
P. O. Box 1900, Hobbs, NM 88240

DISTRICT II
P. O. Drawer D3, Artesia, NM 88210

DISTRICT III
1000 N. Main St., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Conoco Inc.	Well API No.
Address 3817 N.W. Expressway, Oklahoma City, OK 73112-1400	
Reason(s) for Filing (Check proper box) New Well ☐ Change In Transport of: ☐ Other (Please explain) Recompletion ☐ Oil ☐ Dry Gas ☒ Effective: 07-01-91 Change In Operator ☒ Casinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Com T	Well No. 16	Pool Name, including Formation Aztec Pictured Cliffs	Kind of Lease ☒ State, Federal or Fee	Lease No.
Location Unit Letter M : 935 Feet From The S Line and 840 Feet From The W Line Section 16 Township 30N Range 11W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas Conoco Inc. ☐ or Dry Gas ☒	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? 1-9-53

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	Dill 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								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of lost 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.

Signature W W Baker
Printed Name W W Baker Admin. Supervisor
Date 09-20-91 Title (405) 948-4859
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 30 1991

By Bill J. Shaw

Title SUPERVISOR DISTRICT #3