

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

OIL CONSERVATION DIVISION

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

Operator CONOCO INC 5073		Well API No. 30-045-24039
Address 10 Desta Drive Ste 100W, Midland, TX 79705		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion XX <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
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 'K'	Well No. 7R	Pool Name, including Formation Bened MESA VERDE	Kind of Lease State, Federal or Fee	Lease No. E 5348
Location				
Unit Letter G	: 1750	Feet From The NORTH	Line and 1500	Feet From The EAST
Section 32	Township 31 N	Range 08 W	NMPM, SAN JUAN County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Water Prod# 28052303		
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 (007057) 2805299	P.O. BOX 1492, EL PASO, TX. 79999	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 32
	Twp. 31N	Rgn. 08W
	Is gas actually connected? YES	When? 12-20-93

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
		XX				XX		XX
Date Spudded 10-8-80	Date Compl. Ready to Prod. 12-17-93		Total Depth 7821		P.B.T.D. 6440			
Elevations (DF, RKB, R', GR, etc.) GR 6330	Name of Producing Formation MESA VERDE		Top Oil/Gas Pay 5033		Tubing Depth 5202			
Perforations 5033-5322; 5390-5552					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
13 3/4		10 3/4		249		275 SX		
8 3/4		7		3598		470 SX		
6 1/4		4 1/5		7794		225 SX		
		1 66 TBG		5202				

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 12-16-93	Date of Test 12-17-93	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
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 240	Length of Test 24 HRS	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (prior, back pr.) TEST MTR RUN	Tubing Pressure (Shut-in) 500	Casing Pressure (Shut-in) 560	Choke Size 1" ORFICE

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
BILL R. KEATHLY SR. REGULATORY SPEC.
Printed Name
1-5-94
Date
915-686-5424
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN - 6 1994

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR, DIST. #43

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.