

DISTRICT I  
P. O. Box 1980, Hobbs, NM 88240

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

DISTRICT III  
1000 Rio Brazos Bld., 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. 30-045-27544
Address 3817 N.W. Expressway, Oklahoma City, OK 73112-1400	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change In Transport of: Change In Operator <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Note: New connection for coal seam gas Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name  
and address of previous operator

Mesa Operating LTD Partnership

II. DESCRIPTION OF WELL AND LEASE

Lease Name FC Federal	Well No. 1	Pool Name, Including Formallon Cedar Hill Basin Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF 076554
Location Unit Letter <u>G</u> : <u>1480</u> Feet From The <u>North</u> Line and <u>1490</u> Feet From The <u>East</u> Line Section <u>30</u> Township <u>32N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Amoco Prod. Co.	1570 Broadway, PO Box 800, Denver, CO 80201					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? NO	When? ASAP

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 X	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 07-30-90	Date Compl. Ready to Prod. 02-07-91		Total Depth 2874'		P.B.T.D. NA			
Elevations (DF, AKB, RT, GR, etc.) 6049' GR	Name of Producing Formation Fruitland		Top Oil/Gas Pay 2525'		Tubing Depth 2714'			
Perforations NONE 2525 - 2874					Depth Casing Shoe 2874'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		234'		150 sx			
8 3/4"	7"		2525'		500 sx			
6 1/4"	5 1/2"		2874'					

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 02-07-91	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size SEP 12 1991
Actual Prod. During Test	Oil - Bbls.	Water - Bbls. 87	GAS CON. DIV DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 1290	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-In) 1035	Casing Pressure (Shut-In) 1035	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

Printed Name

09-10-91

Date

Admin. Supervisor

(405) 948-4859

Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 12 1991

By [Signature]

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3