

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

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

DISTRICT III  
1000 Rio Brazos Rd., Artesia, 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 <b>Conoco Inc.</b>	Well API No. <b>30-045-27545</b>
Address <b>3817 N.W. Expressway, Oklahoma City, OK 73112-1400</b>	
Reason(s) for Filing (Check proper box) Now Well <input type="checkbox"/> Change in Transport of: <input type="checkbox"/> Other (Please explain) <b>TRANS. Chge Only</b> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Effective: <b>07-01-91</b> 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 <b>Conoco Inc. 3817 N.W. Expressway, Oklahoma City, OK 73112</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>FC Federal</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Basin Fruitland Coal</b>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <b>B</b> : <b>820</b> Feet From The <b>N</b> Line and <b>1670</b> Feet From The <b>E</b> Line Section <b>13</b> Township <b>32N</b> Range <b>11W</b> , NMPM, <b>San Juan</b> 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)					
Name of Authorized Transporter of Casinghead Gas <b>Amoco Production Co.</b> <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>1670 Broadway, P. O. Box 800, Denver, CO 80201</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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, AKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		BACKS CEMENT			
					SEP 24 1991			
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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.

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

OIL CONSERVATION DIVISION

SEP 24 1991

Date Approved \_\_\_\_\_  
By B. J. Cherry  
Title SUPERVISOR DISTRICT #3