DISTRUCT, H. P.O. Drawer UD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	TOTE	RANSPORT O	IL AND NATURAL C	SAE					
Conoco Inc.	onoco Inc,			Well APt No.			00506		
Address				<u>30-045-286</u>	36				
10 Desta Drive		d TX 79705							
Reason(s) for Filing (Check proper box New Well		lo T	Other (Please exp	olain)	· · · · · · · · · · · · · · · · · · ·				
Recompletion		In Transporter of: Dry Gas							
Change in Operator	Casinghead Cas	Condensate							
If change of operator give name and address of previous operator			· · · · · · · · · · · · · · · · · · ·			•			
•	LANDIEACE	0 0	111:0		· · · · · · · · · · · · · · · · · · ·				
11. DESCRIPTION OF WELL AND LEASE Octor Lease Name Well No. Pool Name, Include				of Lease Lease No.					
Hamilton Fed.					Federal or Fee	SF 076	10 No. 5554		
Location	1175	C	1:		**************************************	I.,			
Unit Letter M	:1175	_ Feet From The _	Line and 102	20. Fo	cet From The	lest	Line		
Section 30 Towns	hip 32N	Range 10W	NMPM. Sa	an Juan					
							County		
III. DESIGNATION OF TRA									
None	or Condo	insate [Address (Give address to w	hich approved	l copy of this form	is to be sent)	1		
Name of Authorized Transporter of Casinghead Gas or Dry Gas Amoco			Address (Give address to which approved copy of this form it to be sent) 1670 Broadway, PO Box 800 Denver, CO 80201						
If well produces oil or liquids,			is gas actually connected?	7					
AN Australia of tanks, NA		1	yes		5-25-92				
Sitis production is conuningled with the IV. COMPLETION DATA	4 from any other lease or	r pool, give comming	ling order number:	· · · · · · · · · · · · · · · · · · ·					
	Oil Wel	I Gas Well	New Well Workover	Donne					
Designate Type of Completion	1 - (X)	i x	I wonkover	Deepen	Plug Back San	ie Ket. A. T.	Sill Res'v		
Date Speeddod	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
11-30-91 Elevationa (PF, RKB, RT, GR, etc.)			2 9 2 0 ^ 1		2920				
6103' GR	Basin Fruitland Coal		2648		Tubing Depth 2505'				
Open hole 2508' - 2920'			Depth Casing Slive						
Open hole	2508								
HOLE SIZE	TUBING, CASING AND								
12 1/4	CASING & TUBING SIZE 9 578"		DEPTH SET		SACKS CEMENT				
8 3/4 6 1/4"	711				425 sxs				
6 1/4"	2 7/8		2505						
. TEST DATA AND REQUE	ST FOR ALLOW	ÄRLE							
			be equal to or exceed top allo	wable for this	deuth or be for fu	ll 24 hows)			
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pu	mp, gas 441, 61	c) s . L	Vi I	7		
ength of Test	Tubing Pressure	·····	Casing Pressure		Choke Size	E PE !			
·					Choke Size				
Actual Prod. During Test	Oil - Bbis.		Water - Hols.		Gas- MCF				
					il COM	_			
GAS WELL Schul Prod. Test - MCF/D	**************************************		Bbls. Condensate/MMCP		957.				
5190	_	Length of Test 24 HRS.			Gravity of Condensate				
esting Method (pitet, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut in)		Choke Size				
FLOWING	NONE		343		3/4"				
1. OPERATOR CERTIFIC	ATE OF COMP	LIANCE	0", 001	055		44			
I hereby certify that the rules and regular Division has a been complied with and	stions of the Oil Conservation give	Vation	OIL CON	SERVA	TION DIV				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Dota Anana	.i	M	AY 2	9 1992		
Q, A.	1-		Date Approved						
Du Sugar	J		By	Original Sig	ined by CHARL	es Gholsc) N		
Ben Sargent Sr. Engineer									
Printed Name	405-948	Title 3282	Title	PUTY OIL &	GAS INSPECT	OR DICT A	E 3		
Date 5/28/92		phone No.		· **	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~		
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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.