

DISTRICT I  
P. O. Box 1000, Hobbs, NM 88240

DISTRICT II  
P. O. Drawer 00, Artesia, NM 88210

DISTRICT III  
1000 Elbe Drive 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

Operator <b>Conoco Inc.</b>		Well API No.
Address <b>3817 N.W. Expressway, Oklahoma City, OK 73112-1400</b>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transport of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Effective: <b>12-04-91</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		

II. DESCRIPTION OF WELL AND LEASE				
Lease Name <b>State Com S</b>	Well No. <b>15</b>	Pool Name, Including Formallon <b>Blanco Mesaverde</b>	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Foreign	Lease No. <b>E1198</b>
Location Unit Letter <b>H</b> Section <b>36</b>	Township <b>32N</b>	Foot From The Range <b>N</b> <b>12W</b>	Line and <b>925</b> Foot From The <b>E</b>	County <b>Lincoln</b>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <b>Giant Refining, Inc.</b>		or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>Box 338, Bloomfield, NM 87413</b>	
Name of Authorized Transporter of Casinghead Gas <b>Conoco Inc.</b>		or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>3817 N.W. Expressway, Oklahoma City, OK 73112</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?			When?	
<b>yes</b>			<b>9-17-53</b>	

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Drill Res'v <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formallon
Perforations	Top Oil/Gas Pay
TUBING, CASING AND CEMENTING RECORD	
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 load oil and must be equal to or exceed top allowable for this depth or hole 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 <b>W. W. Baker</b>	Admin. Supervisor
Printed Name <b>W. W. Baker</b>	Title <b>(405) 948-4859</b>
Date <b>01-24-92</b>	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved <b>FEB 12 1992</b>	By <b>Frank J. [Signature]</b>
Title	