Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

L		O III	IIVOI	OUI OIL	MIND IVI	011110		DI MI			
Operator Conoco Inc.								Well API No. 30-025-24352			
Address							L				
P. O. Box 460,	Hobbs,	New M	(exic	o 8824							
Reason(s) for Filing (Check proper box)					XX Oth	я (Please expla	sin)				
New Well	Change in Transporter of: Oil Dry Gas					To change well from Battery #3 to					
Recompletion L.	Oil Coninghood	.c 🗀	-	ensate	Ва	ittery #2	2.				
Change in Operator	Casinghead	Gas	Collo	STEWAGE							
and address of previous operator			-								
II. DESCRIPTION OF WELL	AND LEA	SE Well No.	1= -				W:-1	61	T.	ase No.	
Lease Name	ng Formation	1	State	of Lease Federal or Fe	1 -						
MCA Unit Battery No. Location		333_	[Ma.	<u>jamar G</u>	rayburg	San Andı	ces		120 03	7210	
	_ :12	295	_ Feat 1	From The	S Lin	and 1295	Fe	et From The.	E	Line	
	0								County		
Section 28 Townshi	p 17S		Range	e 32E	, N	MPM,	<u>Lea</u>			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS			-			
Name of Authorized Transporter of Oil	XX	or Conde	nsate			e address to w					
Navajo Refining Compa					Drawe	159, A	rtesia,	New Mex	1CO 882	()	
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Conoco Inc. Maljamar Plant						Address (Give address to which approved copy of this for P. O. Box 90, Maljamar, New M				88264	
If well produces oil or liquids,	Unit	Sec.	Twp.	Roe	Is gas actually connected?			When?			
give location of tanks.		28	173	•	Yes	, , , , , , , , , , , , , , , , , , , ,		10-9-	89		
If this production is commingled with that	 _				ing order num	ber:					
IV. COMPLETION DATA											
Designate Type of Completion	- 00	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready t	o Prod.		Total Depth	l	<u> </u>	P.B.T.D.	<u> </u>	_1	
					To- Oil/Con	Dog					
Elevations (DF, RKB, RT, GR, etc.)					Top Oil/Gas Pay			Tubing Depth			
Perforations					1			Depth Casin	ng Shoe		
·								<u> </u>			
					CEMENT	NG RECOR		т	CACKS CEN	CNT	
HOLE SIZE	CASING & TUBING SIZE				 	DEPTH SET			SACKS CEMENT		
								 			
	 				 						
	1										
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABL	E							
OIL WELL (Test must be after	recovery of to	tal volume	of loa	d oil and must	be equal to o	exceed top all	lowable for the	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	st			Producing N	ethod (Flow, p	ump, gas iyi,	eic.)			
Land of Total	Tubing Pro	Tubing Pressure			Casing Pressure			Choke Size	Choke Size		
Length of Test	Tubing Fie	lubing Pressure									
Actual Prod. During Test	tual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
					<u></u>			<u>.l</u>			
GAS WELL								<u> </u>	Cont		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
	Tubing D.	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tuoing PR	TOOLIK Liceonic (Mint-m)									
VI. OPERATOR CERTIFIC	CATE OF	COM	PLIA	NCE			VICEDIA	ATION	רואוטועם)NI	
I hereby certify that the rules and regu	lations of the	Oil Cons	ervation	l		OIL COI				JIN	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						_	N	CT 30	BBET		
is true and complete to the best of my	MIOWIEGE 2	ou delici.			Dat	e Approve	ed				
(1)	\mathcal{A}	A - A			1						
Signature Signature					∥ By₋	0			JERRY SEX	KTON	
72 W. W. Baker, Admini	strativ	e Supe					וזכוע	MCT I SUP	EK AIDOK		
Printed Name 10-25-89 (505)	397-58	00	Title	•	Title	<u> </u>		-			
Date			lephon	e No.	11						

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.