

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. Box 2088
Santa Fe, New Mexico 87501

Side 1

APPLICATION FOR CLASSIFICATION AS HARDSHIP GAS WELL

Operator CONOCO INC. Contact Party HUGH INGRAM
Address P.O. BOX 460, HOBBS, N.M. 88240 Phone No. (505) 393-4141
Lease FEDERAL 34 Well No. 1 UT N Sec. 34 TWP 20-S RGE 26-E
Pool Name SPRINGS UPPER PENN (GAS) Minimum Rate Requested 300 MCFPD
Transporter Name GAS COMPANY OF NEW MEXICO Purchaser (if different) _____

Are you seeking emergency "hardship" classification for this well? * yes no

*REC'D BY LES A. CLEMENTS LETTER DTD 1-12-87

Applicant must provide the following information to support his contention that the subject well qualifies as a hardship gas well.

- 1) Provide a statement of the problem that leads the applicant to believe that "underground waste" will occur if the subject well is shut-in or is curtailed below its ability to produce. (The definition of underground waste is shown on the reverse side of this form)
- 2) Document that you as applicant have done all you reasonably and economically can do to eliminate or prevent the problem(s) leading to this application.
 - a) Well history. Explain fully all attempts made to rectify the problem. If no attempts have been made, explain reasons for failure to do so.
 - b) Mechanical condition of the well (provide wellbore sketch). Explain fully mechanical attempts to rectify the problem, including but not limited to:
 - i) the use of "smallbore" tubing; ii) other de-watering devices, such as plunger lift, rod pumping units, etc.
- 3) Present historical data which demonstrates conditions that can lead to waste. Such data should include:
 - a) Permanent loss of productivity after shut-in periods (i.e., formation damage).
 - b) Frequency of swabbing required after the well is shut-in or curtailed.
 - c) Length of time swabbing is required to return well to production after being shut-in.
 - d) Actual cost figures showing inability to continue operations without special relief
- 4) If failure to obtain a hardship gas well classification would result in premature abandonment, calculate the quantity of gas reserves which would be lost
- 5) Show the minimum sustainable producing rate of the subject well. This rate can be determined by:
 - a) Minimum flow or "log off" test; and/or
 - b) Documentation of well production history (producing rates and pressures, as well as gas/water ratio, both before and after shut-in periods due to the well dying, and other appropriate production data).
- 6) Attach a plat and/or map showing the proration unit dedicated to the well and the ownership of all offsetting acreage.
- 7) Submit any other appropriate data which will support the need for a hardship classification.
- 8) If the well is in a prorated pool, please show its current under- or over-produced status.
- 9) Attach a signed statement certifying that all information submitted with this application is true and correct to the best of your knowledge; that one copy of the application has been submitted to the appropriate Division district office (give the name) and that notice of the application has been given to the transporter/purchaser and all offset operators.

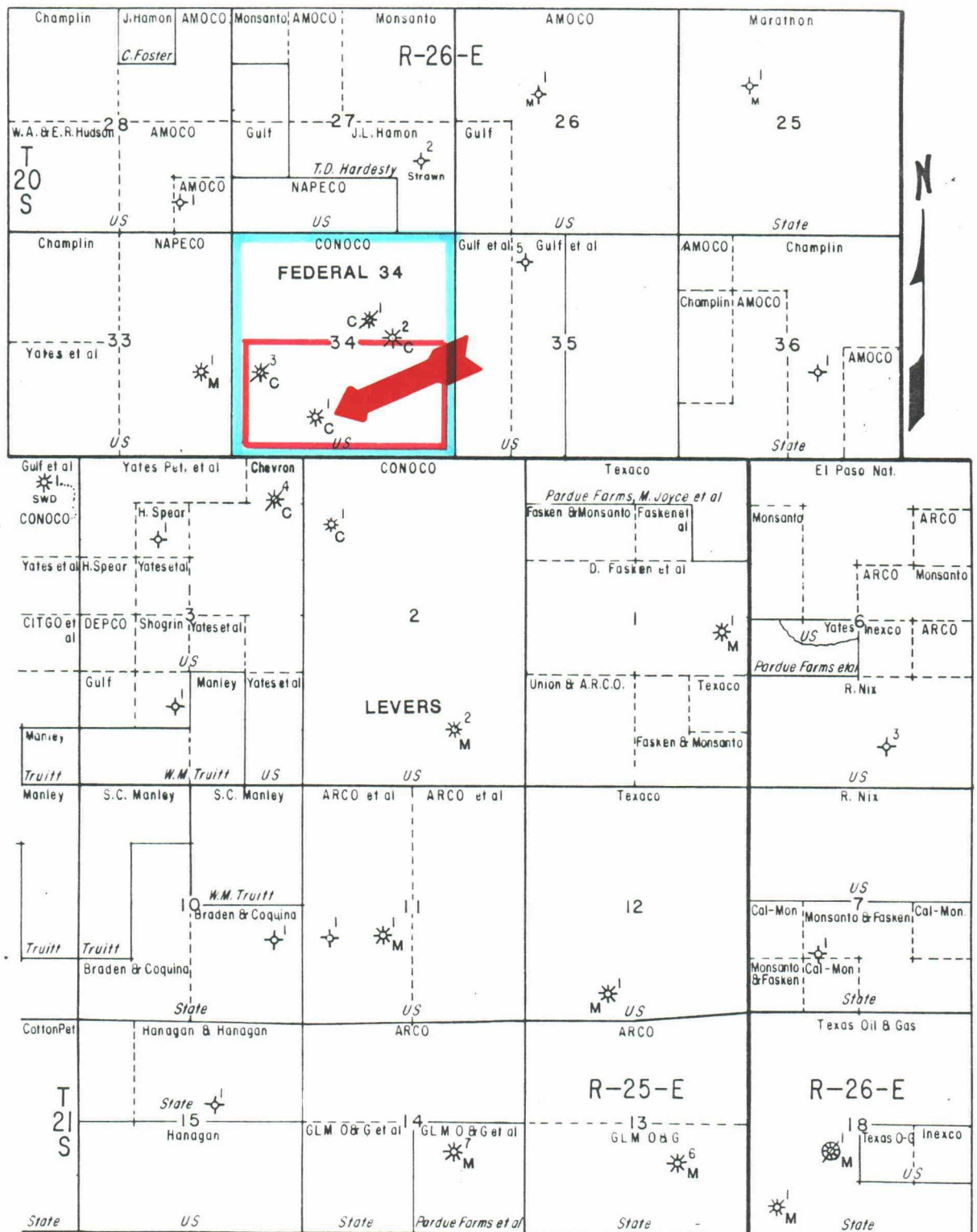
BEFORE EXAMINER
OIL CONSERVATION DIVISION

EXHIBIT NO. 1

CASE NO. 9080

Submitted by CONOCO INC.

Hearing Date FEBRUARY 18, 1987



— Federal 34 Lease

— Proration Unit - Federal 34 No. 1

BEFORE EXAMINER CATANACH
OIL CONSERVATION DIVISION

EXHIBIT NO. 2

CASE NO. 9080

Submitted by CONOCO INC.

Hearing Date FEBRUARY 18, 1987

PRODUCTION
DEPARTMENT

conoco

HOBBS
DIVISION

FEDERAL "34" LEASE

Section 34-T20S-R26E

EDDY COUNTY, NEW MEXICO

SCALE
0' 1000' 2000'

EXHIBIT 2

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
BARBARA FADSEN
303 W. WALL ST.
MIDLAND, TX. 79701

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD P-241-440-545
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *[Signature]*

7. Date of Delivery
2-6-87

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
GAS CO. OF NEW MEXICO
2444 LOUISIANA BLVD. N.E.
ALBUQUERQUE, N.M. 87125

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD P-241-440-542
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *[Signature]*

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT



PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4. (CHAE)

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
CITIES SERVICE OIL & GAS CORP
BOX 1919
MIDLAND, TX. 79705

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD P-241-440-544
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *[Signature]*

7. Date of Delivery
2-6-87

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4. (CHAE)

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
CHEVRON USA, INC.
P.O. BOX 670
Hobbs, N.M. 88240

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD P-241-440-541
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X

6. Signature — Agent
X *[Signature]*

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

BEFORE EXAMINER CATANACH
OIL CONSERVATION DIVISION

PAGE 1 EXHIBIT NO. 3

CASE NO. 9080

Submitted by CONOCO INC.

Receiving Date FEBRUARY 18, 1987

PS Form 3811, July 1983 447 8/85

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
TRACCO INC.
Box 728
Hobbs, N.M. 88240

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD P-241-440-546
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Baro Henry*

7. Date of Delivery
FEB 9 1987

8. Addressee's Address (ONLY if requested and fee paid)
2-13-87

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447 8/85

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
NAPCO
P.O. Box 243
Houston, TX 77001

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD P-241-440-543
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X

7. Date of Delivery
FEB 9 1987

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447 8/85

SENDER: Complete items 1, 2, 3 and 4. (HAI)

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:
Vates Petroleum Corp.
105 S. Fourth St.
Artesia, N.M. 88210

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD P-241-440-540
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

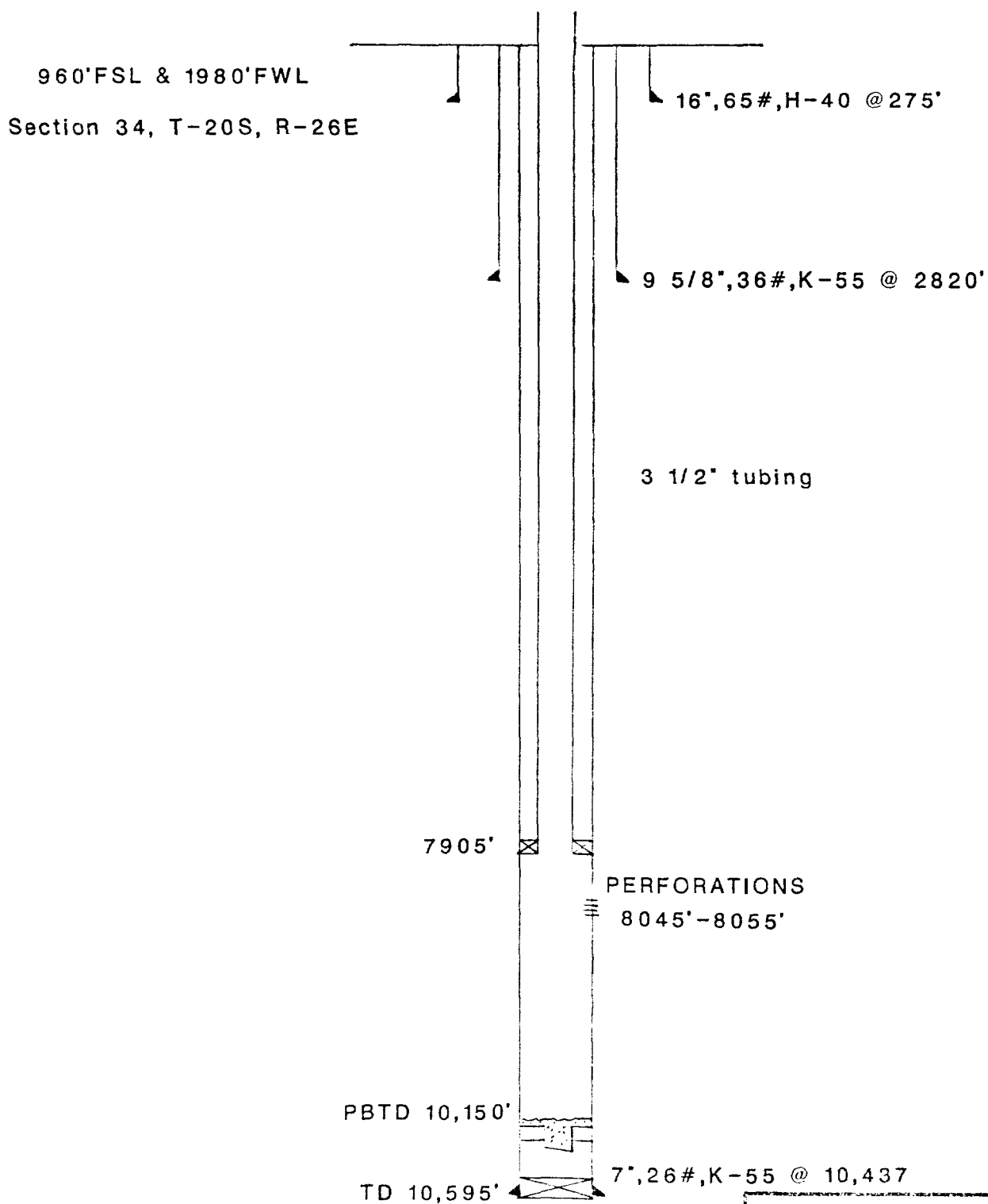
6. Signature - Agent
X *[Signature]*

7. Date of Delivery
2-6-87

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

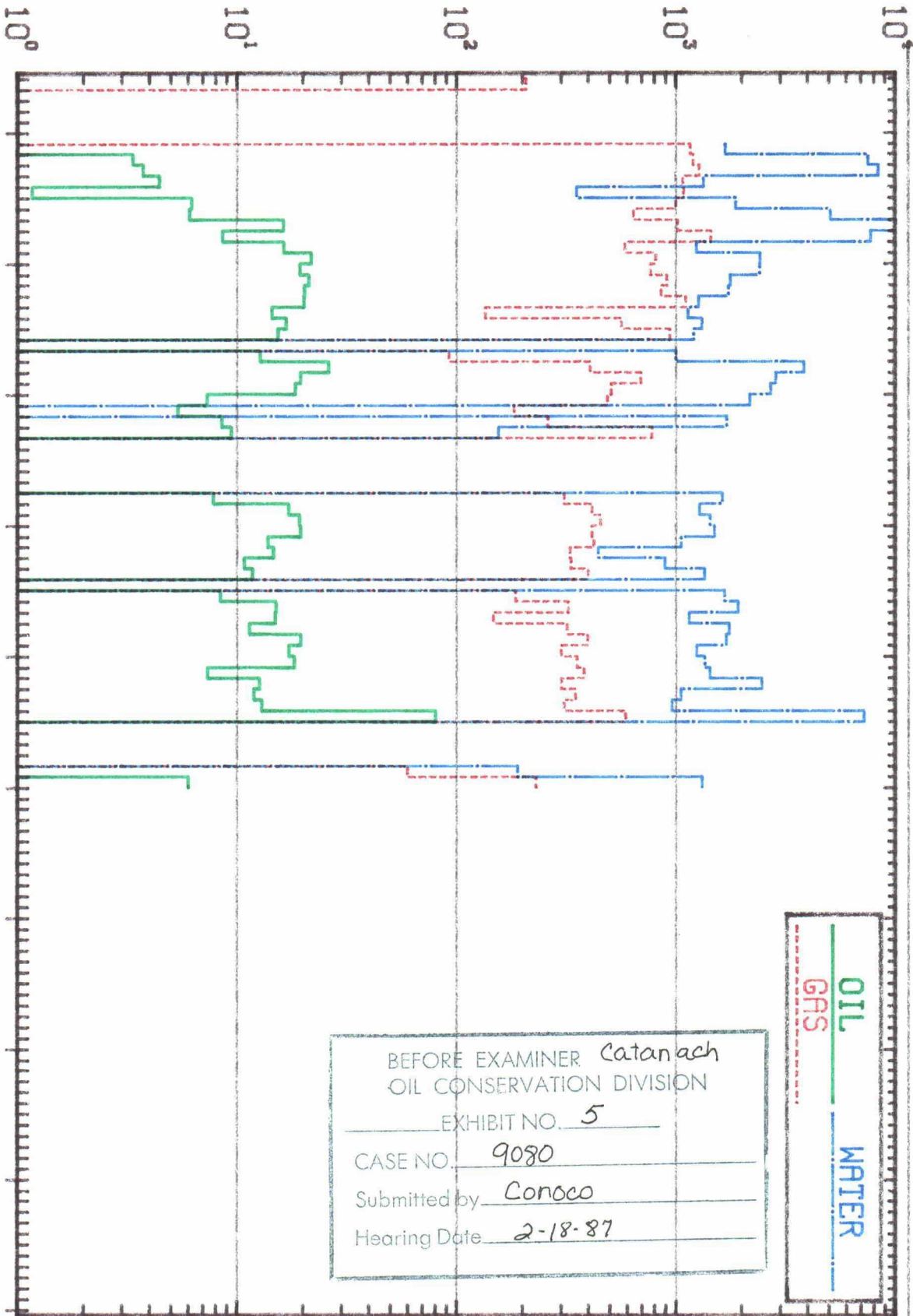
BEFORE EXAMINER CATANACH
OIL CONSERVATION DIVISION
PAGE 2 EXHIBIT NO. 3
CASE NO. 9080
Submitted by CONOCO INC.
Hearing Date FEBRUARY 18, 1987

FEDERAL 34 NO. 1
WELLBORE SCHEMATICSTRICTLY EXAMINER Catanach
OIL CONSERVATION DIVISIONEXHIBIT NO. 4CASE NO. 9080Submitted by Conoco IncHearing Date 2-18-87

FEDERAL 34 NO. 1

PEGS01 LIQUID & GAS PRODUCTION VS. TIME 02/09/87

... BBL/DAY ... MCF/DAY ...



BEFORE EXAMINER Catanach
 OIL CONSERVATION DIVISION
 EXHIBIT NO. 5
 CASE NO. 9080
 Submitted by Conoco
 Hearing Date 2-18-87

OIL ——— WATER
 GAS - - - - -

WELL POOL CODE: 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990

EXHIBIT 6

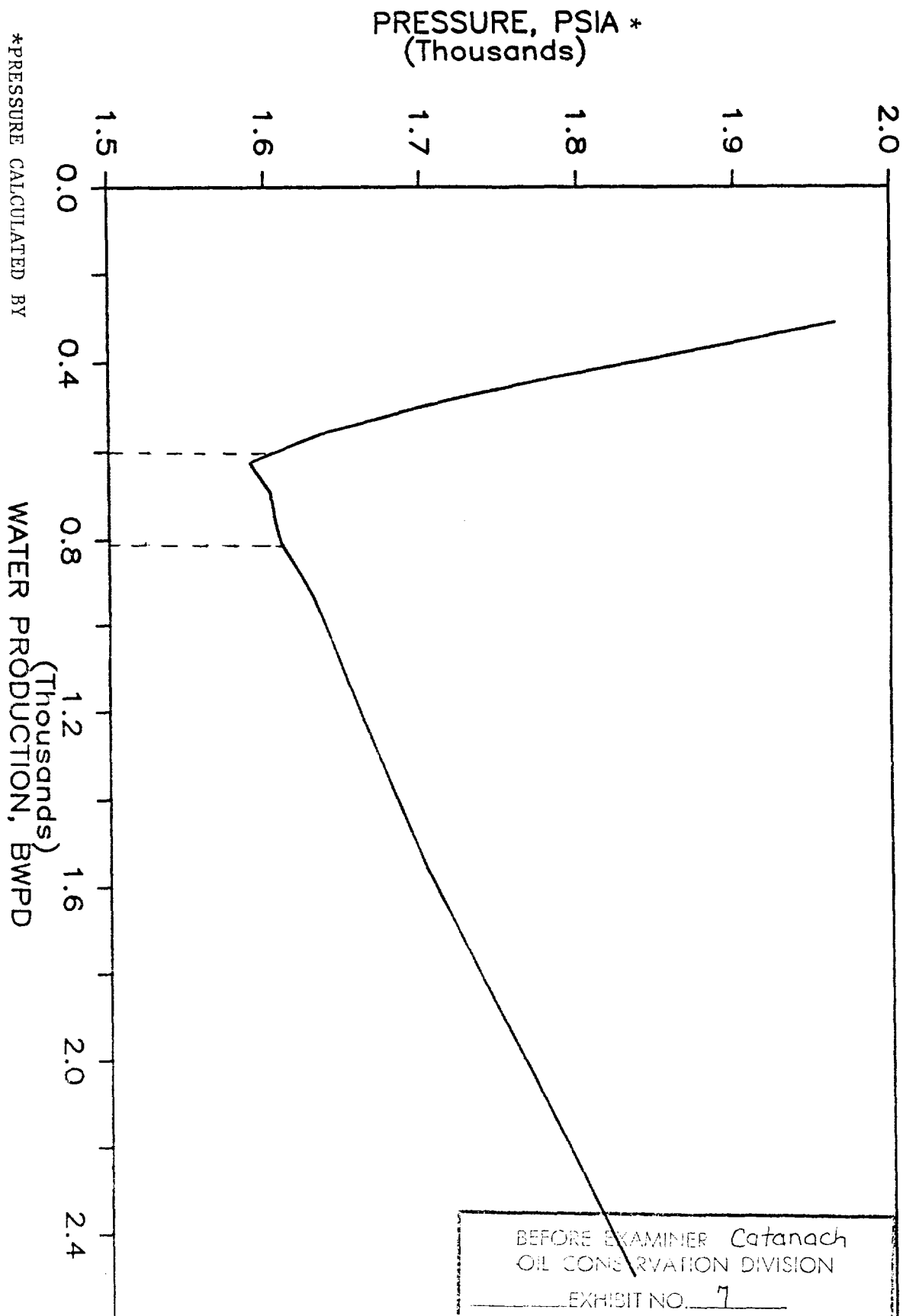
FEDERAL 34 NO. 1
Daily Production Reports

<u>DATE</u>		<u>MCFPD</u>	<u>BWPD</u>	<u>BOPD</u>
11/23/86	1 week after shut-in period	378	857	0
11/30/86		391	1100	3
12/06/86		414	1057	0
12/13/86		412	1133	0
12/20/86		429	961	5
12/30/86		547	1102	5

BEFORE EXAMINER Catanach
OIL CONSERVATION DIVISIONEXHIBIT NO. 6CAS. NO. 9080S. M. No. Conoco Inc.Filing Date 2-18-87

FEDERAL 34 #1 PRESSURE VS. BWPD

HAGEDORN-BROWN *



GLR = 320

BEFORE EXAMINER Catanach
OIL CONSERVATION DIVISIONEXHIBIT NO. 7CASE NO. 9080Submitted by Conoco IncHearing Date 2-18-87

FEDERAL 34 NO. ~~1~~
COMPUTER RESULTS

WELL FLOWING ANALYSIS
CONOCO PROGRAM # GC260

PROGRAM
COMMAND ===

----- REVIEW OF RATES & PRESSURES -----

TIME - 09:40
DATE - 87/02/16

TITLE == FEDERAL 34 #1 GLR=320
USER ==

GOR ==
REF DEP == 8050
REF TMP == 156
SURF TMP == 60
TOP PRS == 80

X AXIS TYPE == GAS For graphics
Enter TEL GAS WATER TEL

RATES ARE FROM A		GAS	WELL	IPR-	EFF-	INT-2.1H
DEL	QTY			SANDFACE	COMP DP	VERT DP
0	100		310			1965
0	150		470			1736
0	200		625			1590
0	250		780			1608
0	300		940			1631
0	400		1250			1656
0	500		1560			1703
0	600		1875			1747
0	700		2190			1791
0	800		2500			1833

GRAPHICS = ENTER : LAST PANEL = PF15 ; MAIN MENU = PF16 ; HELP = PF13

PROGRAM
COMMAND ===

----- REVIEW OF RATES & PRESSURES -----

TIME - 09:32
DATE - 87/02/16

TITLE == FEDERAL 34 #1 GLR = 320
USER ==

GOR ==
REF DEP == 8050
REF TMP == 156
SURF TMP == 60
TOP PRS == 80

X AXIS TYPE == GAS For graphics
Enter TEL GAS WATER TEL

RATES ARE FROM A		GAS	WELL	IPR-	EFF-	INT-2.1H
DEL	QTY			SANDFACE	COMP DP	VERT DP
0	120		375			1871
0	140		440			1776
0	150		470			1736
0	160		500			1699
0	180		560			1635
0	200		625			1590
0	220		690			1603
0	240		750			1606
0	260		810			1619
0	280		875			1621

GRAPHICS = ENTER : LAST PANEL = PF15 ; MAIN MENU = PF16 ; HELP = PF13

BEFORE EXAMINER Catanach
OIL CONSERVATION DIVISION

EXHIBIT NO. 8

CASE NO. 4081 9080

Submitted by Conoco Inc.

Hearing Date 2-18-87

MONTHLY PRODUCTION REPORTS

FEDERAL 34 NO. 1

GLR

DATE	DAYS PRODUCED	GAS, MCFPD	OIL, BOPD	WATER, BWPD	GLR, SCF/BBL
1-85	30	12,202	572	44,078	273
2-85	22	9,449	308	23,460	398
3-85	29	9,661	429	12,926	723
4-85	30	9,969	323	26,709	369
5-85	13	5,068	149	17,135	293
6-85	0	0	0	0	0
7-85	28	5,229	234	46,566	112
8-85	17	5,456	254	32,456	167
9-85	16	2,285	231	17,711	127
10-85	30	9,636	342	52,555	182
11-85	30	11,867	593	50,762	232
12-85	31	9,289	533	38,376	239
1-86	31	11,601	563	41,693	259
2-86	28	10,663	205	39,975	266
3-86	31	9,309	391	76,245	121
4-86	29	10,481	357	71,498	328
5-86	11	6,558	401	29,590	320
6-86	2	1,132	160	14,737	61
7-86	0	0	0	0	0
8-86	0	0	0	0	0
9-86	0	0	0	0	0
10-86	0	0	0	0	0
11-86	20	1,199	8	3,600	315
12-86	31	7,135	185	40,737	174

DISTRICT EXAMINER Catanach
OIL CONSERVATION DIVISION

EXHIBIT NO. 9

CASE, C. 9080

Submitted by Conoco Inc.

Hearing Date 2-18-87