

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

MAR 18 '88

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RETURNED	
DISTRIBUTION	
SALES FE	<input checked="" type="checkbox"/>
PLS	<input checked="" type="checkbox"/>
U.S.G.S.	
LEASE OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PERMITS OFFICE	

Conoco Inc.

Address
P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	We respectfully request a test allowable of 5600 BO for the month of March 1988.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE	
Lease Name Dagger Draw Com.	Well No. 8 Pool Name, including Formation N. Dagger Draw Upper Penn.
Kind of Lease State, Federal or Free	Lease No. NM-559175
Location Unit Letter J : 1980 Feet From Line South Line and 1980 Feet From The East	
Line of Section 30 Township 19S Range 25E	County Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2587, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Natural Gas Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 283, Houston; Texas 77001
Does well produce oil or liquids, give location of tanks. Unit L Sec. 19 Twp. 19S Rge. 25E	Is gas actually connected? Yes When 3-17-88
If this production is commingled with that from any other leases or pool, give commingling order number: CTB-332	

COMPLETION DATA	
Designate Type of Completion - (X)	Oil well Gas well New well Workover Deepen Plug Back Same Reentry Drill H
Date Spudded	Date Compl. Ready to Prod. Total Depth P.B.T.D.
Deviation (DF, RAB, RT, CR, etc.)	Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Corrections 7728' - 7752', 7766' - 7778'	Depth Casing Shoe

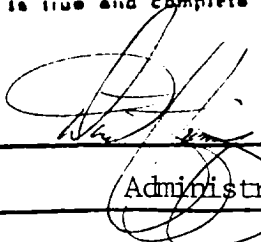
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed 10% allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	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

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.


D. F. Finney
(Signature)
Administrative Supervisor
(Title)
3-17-88
(Date)

OIL CONSERVATION DIVISION
APPROVED MAR 18 1988, 19
BY Original Signed By Mike Williams
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.