

## OIL CONSERVATION DIVISION

P. O. BOX 2088

30-015-23920

SANTA FE, NEW MEXICO 87501

5-NMOCC-Artesia

1-J.L. Conquest-RECEIVED

1-File

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAR 31 1982

|                       |   |
|-----------------------|---|
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| DISTRIBUTION          |   |
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| LAND OFFICE           |   |
| TRANSPORTER           |   |
| OIL                   | 1 |
| GAS                   | 1 |
| OPERATOR              | 1 |
| PRODUCTION OFFICE     |   |

Operator  
Threshold Development Company / O. C. D.  
ARTESIA, OFFICEAddress  
777 Taylor Street, Suite II-A, Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)

|                     |                                     |                           |                          |
|---------------------|-------------------------------------|---------------------------|--------------------------|
| New Well            | <input checked="" type="checkbox"/> | Change in Transporter of: |                          |
| Recompletion        | <input type="checkbox"/>            | Oil                       | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/>            | Casinghead Gas            | <input type="checkbox"/> |
|                     |                                     | Dry Gas                   | <input type="checkbox"/> |
|                     |                                     | Condensate                | <input type="checkbox"/> |

Other (Please explain)

ORIGINAL MUST NOT BE  
REPRODUCED  
5-2-82  
ORIGINAL RECEIVED TO FILE 306  
IS OBTAINED

If change of ownership give name  
and address of previous owner.

## DESCRIPTION OF WELL AND LEASE

|  |               |   |  |                     |
|--|---------------|---|--|---------------------|
| Lease Name<br>Conoco "7" State   | Well No.<br>5 | Pool Name, including Formation<br>E. Millman Queen-Grayburg | Kind of Lease<br>State, Federal or Fee State | Lease No.<br>B-8096 |
| Location<br>Unit Letter <u>F</u> ; <u>2180</u> Feet From The <u>north</u> Line and <u>1740</u> Feet From The <u>west</u><br>Line of Section <u>7</u> Township <u>19S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County |               |   |  |                     |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |           |             |             |                                  |                        |
|--|--|-----------|-------------|-------------|----------------------------------|------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Conoco, Inc.         | Address (Give address to which approved copy of this form is to be sent)<br>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"/><br>Conoco, Inc. | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 2587, Hobbs, New Mexico 88240 |           |             |             |                                  |                        |
| If well produces oil or liquids,<br>give location of tanks.  | Unit<br>C  | Sec.<br>7 | Twp.<br>19S | Rge.<br>29E | Is gas actually connected?<br>no | When<br>Approx. 4-1-82 |

If this production is commingled with that from any other lease or pool, give commingling order number:

## COMPLETION DATA

|  |   |                                   |  |                                   |                                 |                                    |                                      |                                       |
|--|---|-----------------------------------|--|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X)               | Oil Well <input checked="" type="checkbox"/>    | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded<br>2-2-82                           | Date Compl. Ready to Prod.<br>3-5-82            |                                   | Total Depth<br><del>2982</del> 2575          |                                   | P.B.T.D.<br>2531'               |                                    |                                      |                                       |
| Elevations (DF, RKB, RT, GR, etc.)<br>3377.1' GR | Name of Producing Formation<br>Penrose Grayburg |                                   | Top Oil/Gas Pay<br>2054'                     |                                   | Tubing Depth<br>2226'           |                                    |                                      |                                       |
| Perforations<br>2054-2068' & 2140-2179'          |   |                                   |  |                                   | Depth Casing Shoe<br>2571'      |                                    |                                      |                                       |

## TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 12-1/4"   | 8-5/8"               | 381'      | 800 Class C  |
| 7-7/8"    | 4-1/2"               | 2571'     | 850 Class C  |
|           | 2-3/8"               | 2226'     |              |

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  
able for this depth or be for full 24 hours)

|   |                           |  |                  |
|---|---------------------------|--|------------------|
| Date First New Oil Run To Tanks<br>3-6-82 | Date of Test<br>3-17-82   | Producing Method (Flow, pump, gas lift, etc.)<br>Pumping |                  |
| Length of Test<br>24 hrs.                 | Tubing Pressure<br>60 psi | Casing Pressure<br>75 psi                                | Choke Size<br>-- |
| Actual Prod. During Test<br>107 BO, 31 BW | Oil-Bbls.<br>107          | Water-Bbls.<br>31  | Gas-MCF<br>181   |

Posted ID-2  
Comp Book  
COI/COI  
4-2-82

## GAS WELL

|                                 |                           |                           |                       |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D         | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (psia, 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.

Peggy A. Redman  
(Signature)

Engineer Assistant

(Title)

March 23, 1982

(Date)

## OIL CONSERVATION DIVISION

APPROVED APR 1 1982, 19BY N. A. Gressett  
TITLE SUPERVISOR, DISTRICT II

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 devic  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owa  
well name or number, or transporter, or other such change of conditSeparate Forms C-104 must be filed for each pool in multi  
completed wells.