

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

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED  
JUL 03 1991

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

Operator <u>Conoco Inc.</u>		Well API No. <u>30-015-26711</u>
Address <u>10 Deste Dr. Ste 100 W, Midland Tx. 79705</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input 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 <u>Barbara Fechner</u>	Well No. <u>11</u>	Pool Name, Including Formation <u>N. Dagger Draw Upper Penn</u>	Kind of Lease <u>State</u> , Federal or Fee	Lease No. <u>NM 1372</u>
Location				
Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line				
Section <u>18</u> Township <u>19 S</u> Range <u>25 E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Conoco Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2587 Hobbs NM 88240</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 460, Hobbs NM 88240</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>19</u>
	Twp. <u>19 S</u>	Rge. <u>25 E</u>
	Is gas actually connected? <u>Yes</u>	
	When? <u>6-3-91</u>	

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>4-30-91</u>	Date Compl. Ready to Prod. <u>6-1-91</u>		Total Depth <u>8105</u>		P.B.T.D. <u>7980</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <u>N. Dagger Draw</u>		Top Oil/Gas Pay <u>7565</u>		Tubing Depth <u>7499</u>			
Perforations <u>7565 - 7884</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <u>14 3/4</u>	CASING & TUBING SIZE <u>9 5/8</u>		DEPTH SET <u>1208</u>		SACKS CEMENT <u>1098</u> <u>Per ID-2</u>			
<u>7</u>	<u>7</u>		<u>8100</u>		<u>1750</u> <u>10-11-91</u>			
					<u>ump &amp; BK</u>			

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 be for full 24 hours.)

Date First New Oil Run To Tank <u>6-2-91</u>	Date of Test <u>6-24-91</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24</u>	Tubing Pressure <u>300 #</u>	Casing Pressure	Choke Size <u>Open</u>
Actual Prod. During Test <u>8871</u>	Oil - Bbls. <u>593</u>	Water - Bbls. <u>295</u>	Gas - MCF <u>1268</u>

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.

Bill R. Keathly  
Signature  
Bill R. Keathly  
Printed Name  
6-28-91  
Date  
915-686-5424  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 10 1991

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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.