

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Conoco Inc.		Well API No. 30-025-00635	
Address 10 Sesta Drive West Midland, TX 79705			
Reason(s) for Filing (Check proper box)			
New Well	<input type="checkbox"/>	Change in Transporter of:	<input checked="" type="checkbox"/> Other (Please explain)
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 _____ Change MCA Unit well from Battery #2 to Battery #3.			

II. DESCRIPTION OF WELL AND LEASE

Lease Name MCA Unit Btry 3	Well No. 40	Pool Name, Including Formation Malyamas (A-SA)	Kind of Lease State, <u>Federal</u> or Fee	Lease No. LC-029509
Location				
Unit Letter <u>E</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line				
Section <u>23</u> Township <u>17S</u> Range <u>32E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)			
Navajo Refining			Drawer 159 Artesia, NM 88210			
Name of Authorized Transporter of Crudehead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)			
Conoco Inc. - Matlamas Gas Plant			P.O. Box 90 Matlamas, NM 88264			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	C.	27	17S	32E	yes	11/191

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

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay				Tubing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)

OIL WELL (Test must be after recovery of some volume of water or sand from well)			
Date First New Oil Run To Tank	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 (<i>pilot, back pr.</i>)	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.

Signature Nannette Nelson Oil Prod. Analyst
Printed Name Nannette Nelson Title
Date 2/6/91 Telephone No. 915-1686-6553

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- INSTRUCTIONS: This form is to be filed in compliance with Rule 110-F
- 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.