DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		O INA	NSP	JHT OIL	AND NA	TURAL GA		DI NI-			
Operator Conoco Inc.			Well A	PI No. 0-025-00801							
Address								3 323 0			
P. O. Box 460,	Hobbs,	New M	exic	8824							
Reason(s) for Filing (Check proper box)					XX Oth	er (Please expla	iin)				
New Well		Change in	-		To	change	well fr	om Batt	ery #3 t	:0	
Recompletion \Box	Oil		Dry Ga	_		attery #2			•		
Change in Operator	Casinghead	Gas	Conden	isate					-		
and address of previous operator					 						
II. DESCRIPTION OF WELL A	AND LEA	SE									
Lease Name Well No. Pool Name, Including								f Lease		ase No.	
MCA Unit Battery No.	2	224	Mal-	jamar G	rayburg	San Andr	es State,	Federal or Fed	LC-05	59001	
Location	5.60				a.T	١ 660			E		
Unit LetterA	. 560		Feet Fr	om The	N Lin	e and660	Fe	et From The	E	Line	
Section 33 Township	17s		Range	32E	, N	мрм,	Lea			County	
III. DESIGNATION OF TRANS	SPORTER	OF OI	L AN	D NATU			<u>-</u>				
Name of Authorized Transporter of Oil	IXXI	or Conden	sate		1	e address to wh					
Navajo Refining Company						Drawer 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Concept Transporter of Plant						Address (Give address to which approved copy of this form is to be sent) P. O. Box 90. Maljamar, New Mexico 88264					
Conoco Inc. Maljamar Plant If well produces oil or liquids, Unit Sec. Twp. Rge.					P. O. Box 90, Maljamar, New Mexico 88264 Is gas actually connected? When?					00207	
give location of tanks.	D I	28	17.S	1 32E	Yes	, comicoent	i wien	10-9-	89		
If this production is commingled with that f					ing order num	ber:					
IV. COMPLETION DATA											
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	<u> </u>	J	P.B.T.D.	<u> </u>	<u>. I</u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	g Shoe	···	
						···			<u>-</u>		
TUBING, CASING AND								CACKO OFMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
										-	
V. TEST DATA AND REQUES											
OIL WELL (Test must be after re	r · · · · ·		of load	oil and must		exceed top allow, pu			for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	1			Producing M	emod (<i>riow, pi</i>	emp, gas iyi, e	: <i>.)</i>			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
- 											
Actual Prod. During Test	Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
	<u> </u>										
GAS WELL							· · · · · · · · · · · · · · · · · · ·				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Total Maked (2000 East)	Tuhing Program (Chart in)			Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing recours (Silurin)			CONTROL OF THE PROPERTY OF THE			
VI. OPERATOR CERTIFIC	ATE OF	COMF	PLIAN	NCE		OII	IOEDY (ATION	רון אינטיני		
I hereby certify that the rules and regulations of the Oil Conservation					11 '	OIL CON	NOEKV.	ሳ ነ ነ ለስካ	ころした	100	
Division have been complied with and that the information given above						_	_	UUI	O U K	707	
is true and complete to the best of my knowledge and belief.						Approve	:d			·	
May in Singer											
Signature					∥ By_	ORIG	INAL SIGN	ED BY JE	RY SEXTO	N	
7 W. W. Baker, Administrative Supervisor							DISTRIC	T I SUPER	/ISOR		
Printed Name Title 10-25-89 (505) 397-5800											
Date			phone l	No.							

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.