

**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 TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc.		Well API No. 30-025-12764
Address P. O. Box 460, Hobbs, New Mexico 88240		
Reason(s) for Filing ( <i>Check proper box</i> )		
New Well <input type="checkbox"/>	Change in Transporter of:	<input checked="" type="checkbox"/> Other ( <i>Please explain</i> )
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Converted from a water injection well
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	to a producing well.
If change of operator give name and address of previous operator _____		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name MCA Unit Battery 1	Well No. 99	Pool Name, Including Formation Maljamar Grayburg San Andres	Kind of Lease State, Federal or Fee	Lease No. LC-029405b
Location				
Unit Letter P	: 25	Feet From The S	Line and 25	Feet From The E
Section 19	Township 17S	Range 32E	Lea	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"/>	Address ( <i>Give address to which approved copy of this form is to be sent</i> )					
Navajo Refining Company	Drawer 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address ( <i>Give address to which approved copy of this form is to be sent</i> )					
Conoco Inc. Maljamar Plant	P. O. Box 90, Maljamar, New Mexico 88264					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 30	Twp. 17S	Rge. 32E	Is gas actually connected? Yes	When? 1-1-89

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	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 ( <i>DF, RKB, RT, GR, etc.</i> )	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.*)

Date First New Oil Run To Tank	Date of Test	Producing Method ( <i>Flow, pump, gas lift, etc.</i> )	
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.

*for* M. F. Finney  
Signature  
D. F. Finney, Administrative Supervisor  
Printed Name  
3-10-89 (505) 397-5800  
Date Telephone No.

### OIL CONSERVATION DIVISION

**MAR 14 1989**

Date Approved \_\_\_\_\_  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_

### 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.

RECEIVED

MAR 13 1989

OCD  
HOBBS OFFICE