

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
Operator CONOCO INC.	
Address P. O. Box 460, Hobbs, N.M. 88240	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

Other: **CASINGHEAD GAS MUST NOT BE FLARED AFTER 2/1/81 UNLESS AN EXEMPTION TO 84070 IS OBTAINED from U.S.G.S**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name MCA Unit	Well No. 358	Pool Name, including Formation Maljamar Grayburg-San Andres	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee <input type="checkbox"/>	Lease No. LC-0294056
Location				
Unit Letter H	660	Feet From The E	Line and 2600	Feet From The N
Line of Section 20	T. and S. 17	Range 32	, NMPM, Lea County	

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Corporation	Address (Give address to which approved copy of this form is to be sent) Drawer 159, Artesia, NM	
Name of Authorized Transporter of Casinghead 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)	
If well produces oil or liquids, give location of tanks.	Unit 4	Sec. 20
	Twp. 17	Rge. 32
	Is gas actually connected? No When	

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

V. 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"/>	Some Res'v. <input type="checkbox"/>	Diff. B. <input type="checkbox"/>
Date Spudded 1-16-80	Date Compl. Ready to Prod. 8-1-80		Total Depth 4150'		P.B.T.D. 4085'			
Elevations (DF, RKB, RT, GR, etc.) GL 4000'	Name of Producing Formation Grayburg-San Andres		Top Oil/Gas Pay 3682'		Tubing Depth 3898'			
Perforations 3682' - 4055'					Depth Casing Shoe 4150'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
18"	16"	750'	755
14 3/4"	10 3/4"	3650	3060
9 5/8"	7 5/8"	4150	160
	2 3/8"	3898	

J. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top of hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 11-12-80	Date of Test 11-12-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 45	Casing Pressure 35	Choke Size open
Actual Prod. During Test 121	Oil-Bbls. 1	Water-Bbls. 120	Gas-MCF TSTM

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

I. 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.

Jane A. Ther
(Signature)
Administrative Supervisor
(Title)
DEC 21 1980
(Date)

NMCD-5
USGS-2

DEC 24 1980

OIL CONSERVATION DIVISION
DEC 31 1980
APPROVED _____, 19_____
BY _____
TITLE **SUPERVISOR DISTRICT**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.