

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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SALES	
FILE	
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator

CONOCO INC.

Address

P.O. Box 460, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## I. DESCRIPTION OF WELL AND LEASE

Lease Name MCA Unit BATTERY 2	Well No. 360	Pool Name, Including Formation Maljamar (G-SA)	Kind of Lease <del>State</del> , Federal <del>For</del> 92-000341	Lease No.
Location Unit Letter H : 2371 Feet From The North Line and 899 Feet From The East Line of Section 20 Township 17S Range 32E, NMPM, Lea County				

## II. 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 Corp.	Address (Give address to which approved copy of this form is to be sent) Drawer 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. 460, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 20
	Twp. 17	Rge. 32
	Is gas actually connected? Yes When 7-13-81	

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

## 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. Re
Date Spudded 11-27-80	Date Compl. Ready to Prod. 7-15-81		Total Depth 4150'		P.B.T.D. 4111'			
Elevations (DF, RKB, RT, GR, etc.) GL- 3998'	Name of Producing Formation Grayburg - SA		Top Oil/Gas Pay 3678'		Tubing Depth 3995'			
Perforations 3678'-4045'					Depth Casing Shoe 4150'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	750'	455
12 1/4"	8 5/8"	4150'	2300
	2 7/8"	3995'	
	2 3/8"	3719'	

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 of  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7-18-81	Date of Test 10-5-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hr	Tubing Pressure 45	Casing Pressure 30	Choke Size Open
Actual Prod. During Test 465	Oil-Bbls. 15	Water-Bbls. 450	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

## III. 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. Wier*  
(Signature)Administrative Supervisor  
(Title)1-27-82  
(Date)

## OIL CONSERVATION DIVISION

JAN 29 1982

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Jerry SentionTITLE Dist. In Sup.

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 device  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of oil  
well name or number, or transporter, or other such change of condition.Separate Forms C-104 must be filed for each pool in multi-  
completed wells.