

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.U.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

Operator Conoco Inc.	
Address P.O. Box 460 Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

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

DESCRIPTION OF WELL AND LEASE

Lease Name MCA BATTERY 2	Well No. 361	Pool Name, Including Formation Maljamar (G-SA)	Kind of Lease State, Federal State Fed.	Lease No. 92000341
Location Unit Letter <u>I</u> : <u>2449</u> Feet From The <u>South</u> Line and <u>891</u> Feet From The <u>East</u>				
Line of Section <u>20</u> Township <u>17S</u> Range <u>32E</u> , NMPM, Lea County				

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. Box 460, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>20</u>
	Twp. <u>17</u>	Rge. <u>32</u>
	Is gas actually connected? Yes	When 7-10-81

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 <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. Res'v. <input type="checkbox"/>
Date Spudded 12-21-80	Date Compl. Ready to Prod. 7-10-81		Total Depth 4150'		P.B.T.D. 4110'			
Elevations (DF, RKB, RT, GR, etc.) GL - 3996'	Name of Producing Formation Grayburg-SA		Top Oil/Gas Pay 3689'		Tubing Depth 3995'			
Perforations 3689' - 4053'				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	750'	460
12-1/4"	8-5/8"	4150'	2900
	2-7/8"	3995'	
	2-3/8"	3702'	

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

Date First New Oil Run To Tanks 7-16-81	Date of Test 7-24-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 HR	Tubing Pressure 40	Casing Pressure 45	Choke Size Open
Actual Prod. During Test 525	Oil-Bbls. 25	Water-Bbls. 500	Gas-MCF 28

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (psit, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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. Nier*
(Signature)Administrative Supervisor
(Title)1-28-82
(Date)

OIL CONSERVATION DIVISION

JAN 29 1982

APPROVED _____, 19____

BY Jerry Sexton
Dist. 1, Supv.

TITLE _____

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

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the devi
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for c
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of o
well name or number, or transporter, or other such change of condSeparate Forms C-104 must be filed for each pool in mu
compleated wells.