

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	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <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 Unit BATTERY 2	Well No. 359	Pool Name, Including Formation Maljamar (G-SA)	Kind of Lease <del>State</del> , Federal or <del>Lease</del> 92 000 341	Lease No. 341
Location				
Unit Letter H	: 2365	Feet From The North	Line and 425	Feet From The East
Line of Section 20	T. township 17S	Range 32E	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					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 20	Twp. 17	Rge. 32	Is gas actually connected? Yes	When 7-18-81

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"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 10-25-80	Date Compl. Ready to Prod. 7-25-81	Total Depth 4150'	P.B.T.D. 4106'					
Elevations (DF, RKB, RT, GR, etc.) GL- 4005'	Name of Producing Formation Grayburg SA	Top Oil/Gas Pay 3692'	Tubing Depth 3945'					
Perforations 3692'-4057'			Depth Casing Shoe 4150'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	762'	651
12 1/4"	8 5/8"	4150'	2295
	2 7/8"	3945'	
	2 3/8"	3747'	

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 Tanks 9-30-81	Date of Test 10-15-81	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 717	Oil-Bbls. 17	Water-Bbls. 700	Gas-MCF Tstm

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (first, 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)  
1-27-82  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 10  
BY Jerry Sexton  
TITLE Dist. L. Supv.

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 allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.