Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No.

Conoco Inc.  Address  P. O. Box 460, Hobbs, New Mexico 88240  Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of:  To change we Recompletion  Change in Operator  Casinghead Gas  Condensate  If change of operator give name and address of previous operator  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation	.)	1-02 1-270	30-025-29852	
P. O. Box 460, Hobbs, New Mexico 88240  Reason(s) for Filing (Check proper box)  New Well Change in Transporter of: To change we are a change in Operator Casinghead Gas Condensate  I. DESCRIPTION OF WELL AND LEASE		30 023 23032		
Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of:  Recompletion  Oil  Dry Gas  Battery #2.  Change in Operator give name address of previous operator  I. DESCRIPTION OF WELL AND LEASE				
Change in Transporter of:  To change we decompletion  Oil  Dry Gas  Battery #2.  Change in Operator  Change of operator give name and address of previous operator  I. DESCRIPTION OF WELL AND LEASE	11 E			
Change in Operator Casinghead Gas Condensate Battery #2.  Change of operator give name and address of previous operator  I. DESCRIPTION OF WELL AND LEASE	AGTT II	om Batter	y #3 to	5
Change in Operator Casinghead Gas Condensate Change of operator give name ad address of previous operator Casinghead Casinghead Gas Condensate Change of operator Casinghead Gas Condensate Casinghead Gas Casinghead Gas Condensate Casinghead Gas Casinghead G	Battery #2.			
change of operator give name ad address of previous operator  I. DESCRIPTION OF WELL AND LEASE				
I. DESCRIPTION OF WELL AND LEASE				
Page Name	Kind o	f Lease	Le	ise No.
MCA Unit Battery No. 2 370 Maljamar Grayburg San Andre	State, I	ederal or Fee	LC-05	9001
ocation				
Unit Letter G: 1425 Feet From The N Line and 1462	Fee	et From The	E	Line
<u> </u>	_			Country
Section 33 Township 17S Range 32E , NMPM,	<u>Lea</u>			County
TO THE INTERPOLATION OF OUR AND NATURAL CAS				
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS lame of Authorized Transporter of Oil Stry or Condensate Address (Give address to white	ch approved	copy of this for	m is to be see	nt)
Navaio Refining Company  Drawer 159. Art	Drawer 159, Artesia, New			10
Language Ambagged Transporter of Casinghead Gas XX or Dry Gas Address (Give address to whi	Address (Give address to which approved		m is to be se	nt)
Conoco Inc. Maljamar Plant P. O. Box 90, 1			exico	88264
f well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected?	When	? 10-9-8	9	
ive location of tanks. D 28 17S 32E Yes		10-7-0	<del></del>	
this production is commingled with that from any other lease or pool, give commingling order number:				
V. COMPLETION DATA Oil Well   Gas Well   New Well   Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v
Designate Type of Completion - (X)	•	` \		1
Date Spudded Date Compl. Ready to Prod. Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay		Tubing Depth	l	
		Depth Casing	Shoe	
Perforations		'		
TUBING, CASING AND CEMENTING RECOR	D			
HOLE SIZE CASING & TUBING SIZE DEPTH SET			SACKS CEMENT	
		<del> </del>		
THE PART AND PROVINCE FOR ALLOWARIE				
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 allo	wable for th	is depth or be fo	or full 24 hou	rs.)
Date First New Oil Run To Tank  Date of Test  Date of Test  Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, e			
DAIL THA TOW ON AGE TO THE				
Length of Test Tubing Pressure Casing Pressure		Choke Size		
		Gas- MCF		
Actual Prod. During Test Oil - Bbls. Water - Bbls.				
Diameter Control of the Control of t		Gravity of C	ondensate	
Actual Prod. During Test Oil - Bbls. Water - Bbls.		Sizvity Of C	-a	
Actual Prod. During Test Oil - Bbls. Water - Bbls.				
Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF		Choke Size		
Actual Prod. During Test Oil - Bbls.  Water - Bbls.  GAS WELL  Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF		Choke Size		
Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)			D.N. (1.01)	
Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  VI. OPERATOR CERTIFICATE OF COMPLIANCE	NSERV	'ATION	_	
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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.