

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Conoco Inc.	Well API No. 30-025-30257
Address 10 Desta Drive Ste 100W, Midland, TX 79705	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> RETURN WELL TO PRODUCTION FROM TA STATUS Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name ANDERSON RANCH UNIT	Well No. 22	Pool Name, including Formation ANDERSON RANCH WOLFECAMP	Kind of Lease State, Federal or Fee	Lease No. B-9683
Location Unit Letter U : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 2 Township 16 S Range 32 E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil SHELL PIPELINE CO	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1910, MIDLAND, TX 79701				
Name of Authorized Transporter of Casinghead Gas CONOCO INC (MALJAMAR PLANT)	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 90, MALJAMAR, NM 88264				
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 11	Twp. 16S	Rge. 32E	Is gas actually connected? YES	When? 6-13-88

If this production is commingled with that from any other lease or pool, give commingling order number: PC-385

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug-Back <input type="checkbox"/>	Same Res'v <input checked="" type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 3-29-88	Date Compl. Ready to Prod. 8-19-93		Total Depth 10,000		P.B.T.D. 9950			
Elevations (DF, RKB, R, GR, etc.) GR 4320	Name of Producing Formation WOLFECAMP		Top Oil/Gas Pay 9512		Tubing Depth 9464			
Performances 9512 - 9888					Depth Casing Shoe 10,000			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		500		315 SX			
12 1/4	8 5/8		4200		1450 SX			
7 7/8	5 1/2		10,000		1875 SX			
	2 7/8		9464					

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 allowable for this depth or be for full 24 hours.)

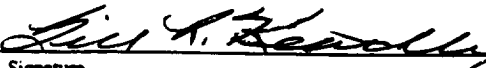
Date First New Oil Run To Tank 8-21-93	Date of Test 8-23-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 84	Oil - Bbls. 52	Water - Bbls. 116	Gas - MCF 120

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

VI. OPERATOR 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.


Signature
BILL R. KEATHLY SR. REGULATORY SPEC.
Printed Name
8-27-93
Date
915-686-5424
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 30 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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.



RECEIVED

AUG 30 1993

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