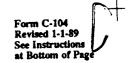
Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department



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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ī.	T	O TRANS	SPORT OIL	AND NAT	TURAL GA	NS					
Operator					Well API No.						
Conoco Inc.	Inc					30)_025_30	_025_30668			
Address											
PO Box 460, Hobbs.	NM 88	3240			- (DI	.:_\					
Reason(s) for Filing (Check proper box)		~ i= T-		_	r (Please expla						
New Well XX	Change in Transporter of: We respectfully request a testing allowable of 5400 BO for the month										
Recompletion \Box	Oil Casinghead		ndensate		Decembe				L 11		
Change in Operator If change of operator give name	Casignad	<u> </u>		0I	песетье	r , 1969					
and address of previous operator											
II. DESCRIPTION OF WELL A	IND LEA	SE									
Lease Name	1	Well No. Po	ol Name, Includir				of Lease Lease No. Federal or Fee		ase No.		
West Knowles		11 1	ind. Shipp	Strawn	Strawn						
Location					222			.	•.		
Unit Letter P	: 660	Fe	et From The	South Lin	and <u>330</u>	Fe	et From The.	East	Line		
- · 2/ m-1:	160	D.	inge 371	וא י	ирм,	Lea			County		
Section 34 Township	<u> 16S</u>		inge 3/1	. , 141	14 141,	<u> </u>					
III. DESIGNATION OF TRANS	SPORTER	OF OIL	AND NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Condensate		Address (Giv	e address to wi	hich approved	copy of this f	orm is to be se	nt)		
Koch Oil Company	<u> </u>					PO Box 1558, Breckenridge, TX 76024					
Name of Authorized Transporter of Casing	head Gas	or or	Dry Gas	Address (Giv	e address to wi	hich approved	copy of this f	form is to be se	ent)		
						1 772					
If well produces oil or liquids,				Is gas actuall	y connected?	When	?				
give location of tanks.	P		16S 37E	No							
If this production is commingled with that five COMPLETION DATA	rom any otne	r teams or poo	a, give commingi	ing older nam	<u></u>			············			
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion -	· (X)		i	İ	İ	<u> </u>	Ĺ	1			
Date Spudded Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	P.B.T.D.			
•					T 0'10 D						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
							Depth Casing Shoe				
Perforations							Dopai Sali	- 6			
		UDING C	A SING AND	CEMENTI	NG RECOR	מא	.1				
UO E 817E			NG SIZE	CEMENTING RECORD DEPTH SET			SACKS CEMENT				
HOLE SIZE	HOLE SIZE CASING & TOBING SIZE										
				<u> L</u>			<u></u>				
V. TEST DATA AND REQUES	T FOR A	LLOWAB	BLE			awahla for th	ie denth or he	for full 24 hou	ars.)		
OIL WELL (Test must be after re	Date of Tes		load oil and must	Producing M	ethod (Flaw, n	ump. eas lift.	etc.)	jor j 27 1101			
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pres	ubing Pressure			Casing Pressure			Choke Size			
Lengui or Tex	Tubing Freedom										
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF	Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of 1	est		Bbls. Condensate/MMCF			Gravity of Condensate				
							Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size			
	<u> </u>			\ <u></u>							
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IANCE			VISERV	ΔΤΙΟΝ	DIVISIO	NC		
I hereby certify that the rules and regulations of the Oil Conservation						VOLITY					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					DEC 1 9 1989						
is true and complete to the rest of my i	mouse an			Date	e Approve	ea					
10 10 Babo							a hos				
Signature					By Orig Signed by						
W. W. Baker, Administrative Supervisor					By Orig. Signed by Paul Kauts Geologist						
Printed Name Title											
12/18/89 (5	1001 391		one No.								
Jak.		br									

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.