

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
NAT	
OPERATOR	
PRODUCTION OFFICE	

Operator  
Conoco Inc.Address  
P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 3/1/83  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.If change of ownership give name  
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
East EK Unit	12	East EK Queen R-2248	State, Federal or Fee E-2519	
Location				
Unit Letter F	2393	Feet From The North	Line and 2388	Feet From The West
Line of Section 22	Township 18S	Range 34E	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"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline	P. O. Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	K 22 18 34 No

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	Gas well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-29-82	1-10-83	4755'	4710'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4015' Gr.	East E K Queen	4518'	4562'					
Perforations			Depth Casing Shoe					
Queen 4518' - 4536'			4755'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	400'	245 Sx.
12-1/4"	8-5/8"	1875'	665 Sx.
7-7/8"	5-1/2"	4755'	1370 Sx.
	2-3/8"	4562'	

## 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-11-83	1-23-83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
135	61	74	TSTM

## 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

## 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.

Administrative Supervisor  
(Title)January 27, 1983  
(Date)

## OIL CONSERVATION DIVISION

APPROVED JAN 31 1983, 19

BY ORIGINAL SIGNED BY EDDIE SEAY

TITLE OIL &amp; GAS INSPECTOR

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

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 Form C-104 must be filed for each pool in multi-

RECEIVED  
JAN 31 1983  
O.C.D.  
HOBBS OFFICE