

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501		REQUIREMENT FOR OIL AND NATURAL GAS	
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Operator Conoco Inc.			
Address P. O. Box 460, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
Low Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Request temporary approval to change oil transporter until Texas New Mexico Pipeline gets line back on.	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Change of ownership give name and address of previous owner		
DESCRIPTION OF WELL AND LEASE			
Lease Name State A-17	Well No. 4	Pool Name, Including Formation Eunice Monument GSA	Kind of Lease State, Federal or Fee B-2656
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>19S</u> Range <u>37E</u> , 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"/> Conoco Inc. Surface Transportation		Address (Give address to which approved copy of this form is to be sent) P. O. Box 2587, Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum		Address (Give address to which approved copy of this form is to be sent) P. O. Box 67, Monument, New Mexico 88265	
Well produces oil or liquids, or location of tanks.	Unit N	Sec. 17	Twp. 19S
			Rge. 37E
			Is gas actually connected? Yes
			When NA
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 Res'v.
			Diff. R
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Measurements (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Circulations			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FOR ALLOWABLE L WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top - able 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
S WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.		APPROVED <u>OCT - 4 1984</u> , 19	
<u>David H. Smyth</u> (Signature) Administrative Supervisor		ORIGINAL SIGNED BY <u>JERRY SUTTON</u> DISTRICT SUPERVISOR	
October 2, 1984 (Date)		TITLE _____	
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device 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 conditions. Separate Forms C-104 must be filed for each pool in multi-completed wells.	