

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

STATE		
FILE		
U.S.M.S.		
LEASE OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

Operator **Conoco Inc.**

Address **P. O. Box 460, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name <b>State A-17</b>	Well No. <b>7</b>	Pool Name, including Formation <b>Eunice Monument GSA</b>	Kind of Lease <b>State, Federal or Fee B-2656</b>	Lease No.
Location				
Unit Letter <b>M</b>	<b>330</b>	Feet From The <b>South</b>	Line and <b>330</b>	Feet From The <b>West</b>
Line of Section <b>17</b>	T. or S. <b>19S</b>	Range <b>37E</b>	County <b>NMPM</b>	Lease <b>Lea</b>

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)
<b>Texas New Mexico Pipeline Company</b>	<b>P. O. Box 2528, Hobbs, New Mexico 88240</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Warren Petroleum</b>	<b>P. O. Box 67, Monument, New Mexico 88265</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>N</b> Sec. <b>17</b> Twp. <b>19S</b> Rge. <b>37E</b>	<b>Yes</b> <b>NA</b>

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 Res'v.	Diff. R.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top capable 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

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top capable for this depth or be for full 24 hours)

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Cementing Method (pump, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

*David S. Smylie*  
(Signature)  
Administrative Supervisor

(Title)  
October 15, 1984  
(Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 16 1984**, 19\_\_\_\_  
BY **ORIGINAL SIGNED BY JERRY [unclear]**  
**DISTRICT I SUPERVISOR**  
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.