

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

Operator <u>Comaco Inc.</u>		Well API No. <u>30-025-31088</u>
Address <u>10 Desta Dr. West, Midland, TX 79705</u>		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 <u>State A-3 Gas Com</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Egment Y-5A Queen Gas</u>	Kind of Lease <u>State</u> Federal or Fee	Lease No. <u>B-2656</u>
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>3</u> Township <u>20 S</u> Range <u>37 E</u> , NMPM, <u>Lee</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Phillips 66 Natural Gas</u>	<u>4001 Penbrook, Odessa, TX 79762</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>3</u>	Twp. <u>20 S</u>	Rge. <u>37 E</u>	Is gas actually connected? <u>Yes</u>	When? <u>2-25-91</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>1-3-91</u>	Date Compl. Ready to Prod. <u>2-19-91</u>	Total Depth <u>3850</u>		P.B.T.D. <u>3775</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>DF 3587</u>	Name of Producing Formation <u>Penrose</u>	Top Oil/Gas Pay <u>3216</u>		Tubing Depth <u>3554</u>				
Perforations <u>3621 - 3750</u>				Depth Casing Shoe <u>3775</u>				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <u>12 1/4</u>	CASING & TUBING SIZE <u>8 5/8</u>	DEPTH SET <u>432</u>		SACKS CEMENT <u>271</u>				
<u>7 7/8</u>	<u>5 1/2</u>	<u>3850</u>		<u>1100</u>				

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	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

GAS WELL

Actual Prod. Test - MCF/D <u>707</u>	Length of Test <u>24 hr.</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size <u>22/64</u>

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
Printed Name
2-22-91
Date
915-686-5424
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 04 1991

By ORIGINAL SIGNATURE OF DISTRICT 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

MAR 4 1991

DOBBE OFFICE

MAR 4 1991

WELL State A-3 Gas Com #2 660/S + 1980/E 3-20-37LOCATION 2-20S37E Lea County, NM
(Give Unit, Section, Township, And Range)OPERATOR Conoco, Inc. 10 Desta Drive West Midland, TX 79705DRILLING CONTRACTOR Exeter Drilling Company

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
<u>1/4 203'</u>		
<u>1 1/4 413'</u>		
<u>3/4 898'</u>		
<u>3/4 1,390'</u>		
<u>1/2 1,887'</u>		
<u>1/4 2,478'</u>		
<u>1 2,781'</u>		
<u>1/2 3,280'</u>		
<u>3/4 3,750'</u>		
<u>1 1/4 3,850'</u>		

Drilling Contractor EXETER DRILLING CO.By Bob Lange
Bob Lange, Drilling Engineer-Southern Div.Subscribed and sworn to before me this 21st day of January, 1991.


SHERRI K. MERKET
Notary Public State of Texas
My Commission Expires Mar 10, 1994

Notary Public Sherri K. Merket

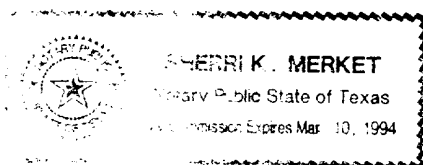
Sherri K. Merket

My commission Expires: 3-10-94 Midland County, Texas

WELL State A-3 Gas Com #2LOCATION ³2-20S37E Lea County, NM 660/8 + 1480/8
(Give Unit, Section, Township, And Range)OPERATOR Conoco, Inc. 10 Desta Drive West Midland, TX 79705DRILLING CONTRACTOR Exeter Drilling Company

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Drilling Contractor EXETER DRILLING CO.By Bob Lange
Bob Lange, Drilling Engineer-Southern Div.Subscribed and sworn to before me this 21st day of January, 1991.Notary Public Sherri K. Merket

Sherri K. Merket

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