

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RETURNED	
DATE RECEIVED	
NAME OF	
FILE NO.	
U.S.M.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
OPERATION OFFICE	
Operator	

Conoco Inc.

Address

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

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☒	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Approval to flare casinghead gas from
this well must be obtained from the
BUREAU OF LAND MANAGEMENT (BLM)

Change of ownership give name of previous owner and address of previous owner. THIS 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.
Britt B	10	Cass Penn R-8626 4/1/88	State, Federal or Fee LC-031621B	
Location	Unit Letter	1980	Feet From Line	North
	F	1980	Line and	1980
			Feet From The	West
	Line of Section	15	T. and S.	20S
			Range	37E
			N.M.P.M.	Lea
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc. Surface Transportation	P. O. Box 2587, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

Does well produce oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	15	20S	37E	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 Reval. ☐	Diff. H. ☒
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2-1-60	12-22-87	7750'	7730'					
Perforations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3555'	Strawn	7701'	7720'					
Perforations			Depth Casing Shoe					
7701' - 7705'								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
16"	13-3/8"	341'	400 Sx.
12"	9-5/8"	3999'	2200 Sx.
8-3/4"	7"	6979'	370 Sx.
Liner	5-1/2"	5475' - 7743'	245 Sx.

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 10% -
able for this depth or be for full 24 hours)

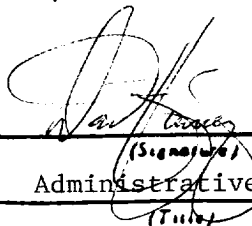
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-28-87	1-26-88	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Chase Size
24			
Actual Prod. During Test	Oil - bbls.	Water - Bbls.	Gas - MCF
297	195	102	261

NATURAL GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pneum., back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Chase 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.


(Signature)
Administrative Supervisor

D. F. Finney

2-15-88

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 26 1988, 19

BY Orig. Signed by
Paul Kautz
Geologist

TITLE

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

If this is a request for allowable for a newly drilled or deepened 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 owner, well name or number, or transporter, or other such change of conditions.

RECEIVED

FEB 17 1988

OCD
HOSPITAL OFFICE