

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 APPLICANTS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	
U.S.U.S.	
OPERATION	
PROMOTION OFFICE	
Operator	

Conoco Inc.

Address

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

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

Other (Please explain)

We respectfully request a test allowable of 1400 BO for the month of February 1985.

(Change of ownership give name and address of previous owner)

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State 35	1	Undesignated Abo	State, Federal or Fee E-6347	

Location

Unit Letter P : 660 Feet From The South Line and 660 Feet From The EastLine of Section 35 Township 20S Range 37E , 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)
Conoco Inc. Surface Transportation	P. O. Box 2587, 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)

(Well produces oil or liquids, give location of tanks.)

Unit P Sec. 35 Twp. 20S Rge. 37E

Is gas actually connected? No

When

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 Reas.	Drill H
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Locations (DF, R&B, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Iterations			Depth Casing Shoe					
6959' - 7570' Abo								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
C 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.)	
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/M-MCF	Gravity of Condensate
Testing 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 is true and complete to the best of my knowledge and belief.

Administrative Supervisor

2-14-85

OIL CONSERVATION DIVISION

FEB 15 1985

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
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 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 own