

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Person(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Completion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
We respectfully request a test allowable of 2000 BO for the month of October 1985.

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Skaggs B	Well No. 8	Pool Name, including Formation Skaggs Drinkard	Kind of Lease State, Federal or Free LC-031620(b)	Lease No.
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Location
Unit Letter D : 990 Feet From The North Line and 330 Feet From The West
Line of Section 12 Township 20S Range 37E, NMPM, Lea Count

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79702
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 C Sec. 12 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 PC-145

COMPLETION DATA

Designate Type of Completion - (X) Oil well Gas well New Well Workover Deepen Plug Back Same Reservoir Drill H

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Revisions (DF, RKB, RT, GR, etc.)	Name of Producing Formation Drinkard	Top Oil/Gas Pay	Tubing Depth
Perforations 6650' - 6892'			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 10% of total volume of load oil)

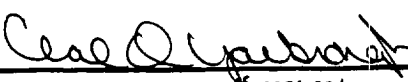
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - bbls.	Water - Bbls.	Gas - MCF

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Cementing Method (pneum., pack 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.


Administrative Supervisor
(Title)
October 28, 1985

OIL CONSERVATION DIVISION
OCT 30 1985

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 deeper 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 II, III, and VI for changes of ownership, lease, or other such change of conditions.

RECEIVED

OCT 29 1966

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