Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbe, NM 88240

I.

DISTRICT II P.O. Drawer DD, Astenia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 State of New Mexico Energy, Minerals and Natural Resources Department

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							Wel	API No.		······		
Conoco Inc.						· · · ·			30-025-04725			
Address 10 Desta Drive	Ste 100W	. Mid]	and.	TX 79	9705							
Reason(s) for Filing (Check proper box						her (Blasse an						
New Well	<i>.</i> ,	Change is	a Transc	carter of:		her (Please ex	фіант)					
Recompletion	Oil		] Dry G									
Change in Operator	Casinghe	d Gas	] Conde	nate	EFFECTIVE NOVEMBER 1 1993							
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WEL	L AND LF	ASE										
Lease Name		Well No.	Pool N	vame, Includ	ing Formation			Kind of Lease		Lease No.		
STATE C-20		8		ONT YAT	TES 7 RVRS QUEEN		V XXX	State, Federal or Fee		B 1533 1/2		
Location	100	0		~			200					
Unit Letter	<u> </u>	0	_ Feet F	from The $\_$		es and	<u> </u>	Feet From The _	WEST	Line		
Section 20	hip 21	S	Range	36	SE N	MPM. I	LEA			County		
										County		
II. DESIGNATION OF TRA	NSPORTE			D NATU								
Name of Authorized Transporter of Oil EOTT OIL PIPELINE CO	· XXEC)	or Condes	1.5016					d copy of this fo				
Name of Authorized Transporter of Car		- XX	or Dry	Gas				<u>N, TX. 77</u>				
WARREN PETROLEUM CO.	• • •			P.O. BOX 67, MON				approved copy of this form is to be sent) UMENT, NM.				
If well produces oil or liquids,	Unit			Rge.	Is gas actually connected?		Whe	When ?				
rive location of tanks.		20	215		YE							
if this production is commingied with th IV. COMPLETION DATA	at from any oth	er jesse or	pool, gi	ve comming	ing order mut	sber:						
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completio		İ			Ĺ	İ.	i.	i i		İ		
Date Spudded	Date Comp	ni. Ready to	o Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of P	nducine Fr	ometion		Top Oil/Gas Pay			Tubing Depth				
				•				Loong Debu	•			
Perforations	L				L			Depth Casing	Shoe			
········												
HOLE SIZE		TUBING, CASING AND										
		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
	-											
. TEST DATA AND REQU	TT FOP A	IIOW	ARTE					<u> </u>				
)IL WELL (Test must be after					be equal to or	exceed top el	llowable for th	is depth or be fo	r full 24 hou	<b>rs</b> .)		
Date First New Oil Run To Tank	Date of Ter				· · · · · · · · · · · · · · · · · · ·		pump, gas lift,					
								1	Chain Size			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
ctual Prod. During Test Oil - Bbls.					Water - Bols.			Gas- MCF				
u d	on - Boa.											
GAS WELL	- L	·							<u> </u>			
Actual Prod. Test - MCF/D	Length of 1	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Preceure (Shut-in)			Choka Size			
			TTAN		·	*						
VI. OPERATOR CERTIFIC				ICE	···· · (	DIL COI	<b>NSERV</b>	ATION D	IVISIC	)N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					NOV 0 5 1993							
is true and complete to the best of my	/ knowledge an	d belief.			Date	Approve	ed					
Birth		2				• •						
Signature BILL R. KEATHLY SR. STAFF ANALYST					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
	ेल. 51 -	AFF AN		1		012	INICIISU	PERVISOR				
Printed Name 10-29-93	915	-686-5	<b>Title</b> 424		Title	- · · ·						
Dete		Teieș	phone N	io.								

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.