

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 REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
CONOCO INC.

Address

P.O. Box 460, Hobbs New Mexico

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>M E Wantz</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Blinebry</u>	Kind of Lease State, Federal or <u>Fed</u>	Lease No. <u>NA</u>
Location Unit Letter <u>N</u> ; <u>440</u> Feet From The <u>S</u> Line and <u>2310</u> Feet From The <u>W</u> Line of Section <u>21</u> Township <u>21-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas-New Mexico Pipeline Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2518, Hobbs, New Mexico</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>TEO Getty Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 730, Hobbs, New Mexico</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>21</u>
	Twp. <u>21</u>	Rge. <u>37</u>
	Is gas actually connected? <u>yes</u>	When <u>12-15-80</u>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Some Res'v. <input type="checkbox"/>	Diff. P. <input checked="" type="checkbox"/>
Date Spudded <u>NA</u>	Date Compl. Ready to Prod. <u>12-11-80</u>		Total Depth <u>7860'</u>		P.B.T.D. <u>7600'</u>			
Elevations (DF, RKB, RT, CR, etc.) <u>NA</u>	Name of Producing Formation <u>Blinebry</u>		Top Oil/Gas Pay <u>5511'</u>		Tubing Depth <u>5931'</u>			
Perforations <u>5511'--5926'</u>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>casing-no change</u>		
	<u>2-3/8"</u>	<u>5931'</u>	

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 available for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>12-14-80</u>	Date of Test <u>12-29-80</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24.0</u>	Tubing Pressure <u>145</u>	Casing Pressure <u>85</u>	Choke Size <u>34/64"</u>
Actual Prod. During Test <u>80</u>	Oil-Bbls. <u>50</u>	Water-Bbls. <u>30</u>	Gas-MCF <u>1300</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-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

1-16-81

UNMOD-5
File-1

OIL CONSERVATION DIVISION

APPROVED

BY

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 deviate 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 condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.