

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| SANTA FE | |
| FILE | |
| U.S.G. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator

CONOCO INC.

Address

P. O. Box 460, Hobbs, N.M. 83240

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)

If change of ownership give name
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE

R-6536

I. DESCRIPTION OF WELL AND LEASE

| | | | | | | | | | |
|-----------------|----------------------|----------|---------------|--------------------------------|---------------|---------------|-----------------------|-----------|--------|
| Lease Name | State F-1 | Well No. | 9 | Pool Name, Including Formation | Hardy Blinbry | Kind of Lease | State, Federal or Fee | Lease No. | R-1535 |
| Location | Unit Letter <u>U</u> | : 330 | Feet From The | S | Line and | 330 | Feet From The | W | |
| Line of Section | 1 | Township | 21-S | Range | 36-E | NMPM, | Lea | County | |

I. 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 Transpo. | Hobbs |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Warren Petroleum | Eunice |
| If well produces oil or liquids, give location of tanks. | Unit <u>U</u> Sec. <u>1</u> Twp. <u>21</u> Rge. <u>36</u> |
| | Is gas actually connected? <u>yes</u> When <u>8-8-80</u> |

If this production is commingled with that from any other lease or pool, give commingling order number:

II. COMPLETION DATA

| | | | |
|------------------------------------|--|-----------------|-------------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. <input type="checkbox"/> | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| 5-27-80 | 7-23-80 | 7000' | 6950' |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| GL 3519 | Blinbry | 5685 | 5950' |
| Perforations | | | Depth Casing Shoe |
| 5685'-5951' | | | 7000' |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 17 3/8" | 13 3/8" | 1300' | 1020 |
| 12 7/8" | 9 5/8" | 5100' | 1620 |
| 8 1/2" | 7" | 7000' | 318 |
| | 2 3/8" | 5950' | |

III. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top of pool 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.) | |
| 8-1-80 | 9-1-80 | Flow | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 | 750 psi | 1125 | 14 1/4" |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| 81 | 45 | 36 | 343 |

GAS WELL

| | | | |
|-----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | | | |
| Testing Method (static, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | |

IV. 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.

Jane A. Weir

(Signature)
Administrative Supervisor

SEP 19 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED John W. Nuyman, 19BY John W. Nuyman
Geologist

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 deviation 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.

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