

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CONOCO INC.

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name State F-1	Well No. 9	Pool Name, Including Formation Hardy Drinkard	Kind of Lease State Federal or Fee	Lease B-1535
Location Unit Letter 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				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc. Surface Transpo.	Address (Give address to which approved copy of this form is to be sent) Hobbs			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) Eunice			
If well produces oil or liquids, give location of tanks.	Unit U	Sec. 7	Twp. 21	Rge. 36
	Is gas actually connected?		When	
	yes		8-8-80	

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

III. 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. R <input type="checkbox"/>
Date Spudded 5-27-80	Date Compl. Ready to Prod. 7-23-80		Total Depth 7000'		P.B.T.D. 6959'			
Elevations (DF, RKB, RT, GR, etc.) 66 3519	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6685'		Tubing Depth 6850'			
Perforations 6685' - 6853'					Depth Casing Shoe 7000'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	1300'	1030
12 1/4"	9 5/8"	5100'	1620
8 1/2"	7"	7000'	318
	2 3/8"	6850'	

IV. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8-1-80	Date of Test 9-1-80	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 1150 psi	Casing Pressure 1750 psi	Choke Size 18/64"
Actual Prod. During Test 137	Oil-Bbls. 52	Water-Bbls. 85	Gas-MCF 453

GAS WELL

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

V. 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. Heir
(Signature)

Administrative Supervisor

SEP 19 1980
(Date)

OIL CONSERVATION DIVISION

SEP 25 1980

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 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 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.