

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 CONOCO INC		Well API No. 30-025-32215
Address 10 Desta Drive Ste 100W, Midland, TX 79705		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>		
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name MEYER A-1	Well No. 20	Pool Name, including Formation EUMONT YATES 7 RVRS QUEEN	Kind of Lease State, Federal or Fee XXXX	Lease No. LC 031740A
Location Unit Letter E : 2310 Feet From The NORTH Line and 760 Feet From The WEST Line Section 17 Township 21 S Range 36 E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
TEXACO EXPL. & PROD.	P.O. BOX 3000, TULSA, OK. 74102					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 17	Twp. 21S	Rgn. 36E	Is gas actually connected? YES	When? 12-25-93

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		XX	XX					
Date Spudded 10-13-93	Date Compl. Ready to Prod. 11-24-93		Total Depth 3800		P.B.T.D. 3753			
Elevations (DF, RKB, R', GR, etc.)	Name of Producing Formation EUMONT YATES 7 RVRS QN		Top Oil/Gas Pay 2988		Tubing Depth 3648			
Perforations 2988 - 3344 & 3594 - 3670					Depth Casing Shoe 3799 20			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8		DEPTH SET 425		SACKS CEMENT 325 SX			
7 7/8	5 1/2		3799		800 SX			
2 3/8" TBG			3648					

V. 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 Tank 12-25-93	Date of Test 12-28-93	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

GAS WELL

Actual Prod. Test - MCF/D 423	Length of Test 24 HRS	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) BP	Tubing Pressure (Shut-in) 55	Casing Pressure (Shut-in)	Choke Size 35/64

VI. OPERATOR 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.

Signature Bill R. Keathly
BILL R. KEATHLY SR. REGULATORY SPEC.
Printed Name
12-29-93
Date
915-686-5424
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 05 1994
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____

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.