

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Conoco Inc.	Well API No. 30-025-09331
Address 10 Desta Drive Ste 100W, Midland, TX 79705	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion XX <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <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 STEVENS B	Well No. 10	Pool Name, including Formation JALMAT GAS	Kind of Lease State, Federal or Fee	Lease No. LC 030556B
Location Unit Letter H : 1980 Feet From The NORTH Line and 660 Feet From The EAST Line Section 12 Township 23 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 XX <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
GPM GAS CORP	4001 PEMBROOK, ODESSA, TX. 79762					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 12	Twp. 23S	Rgn. 36E	Is gas actually connected? YES	When? 9-18-93

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 XX	New Well	Workover	Deepen	Plug Back XX	Same Res'v	Diff Res'v XX
Date Spudded 6-17-60	Date Compl. Ready to Prod. 9-16-93		Total Depth 3750		P.B.T.D. 8050 3750			
Elevations (DF, RKB, RT, GR, etc.) KB 3409	Name of Producing Formation JALMAT YATES 7 RVRS		Top Oil/Gas Pay 3070		Tubing Depth 3217			
Perforations 3070 - 3231					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
NO CHANGE	SAME AS 2 3/8" TBG		BEFORE 3217					

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.)

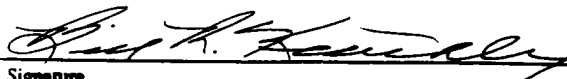
Date First New Oil Run To Tank 9-16-93	Date of Test 9-20-93	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 274	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) METER	Tubing Pressure (Shut-in) 33	Casing Pressure (Shut-in)	Choke Size 64/64

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 SR. REGULATORY SPEC.

Printed Name
9-24-93 Title
915-686-5424

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 29 1993

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.

RECEIVED

SEP 27 1993

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