

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-78P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
PHO	
U.S.S.A.	
LOCAL OFFICE	
TRANSPORTER	
OPERATION	
PERMITS OFFICE	

Operator
Conoco Inc.Address
P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☒	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐

Other (Please explain)

We respectfully request a testing allowable of 4000 BO for the month of February 1987.

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Bell Lake Unit	11	Wildcat Cherry Canyon	State, Federal or Fee E-5896-1	

Location
Unit Letter N : 790 Feet From The South Line and 2265 Feet From The WestLine of Section 31 Township 23S Range 34E , NMPM, Lea Count

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc. Surface Transportation	P. O. Box 2587, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	31	23S	34E	No	

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	Gas well	New well	Workover	Deepen	Plug Back	Same Reelv.	Drill H
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Revisions (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
6805' - 6810' Cherry Canyon								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 100% allowable 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.)	
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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pump, bore 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

2-13-87

OIL CONSERVATION DIVISION

APPROVED FEB 16 1987, 19BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISORTITLE _____
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen 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 own well name or number, or transporter, or other such change of conditions.