

C CONSERVATION DIVISION

P. O. BOX 208A

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|---------------------|-----|
| COPIES REQUIRED | |
| DISTRIBUTION | |
| STATE | |
| FILE | |
| F.O.B. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| REGISTRATION 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

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

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. |
|------------|----------|--------------------------------|----------------------------------|-----------|
| Elliott B | 6 | Tubb Oil | State, Federal or Fee LC-032573B | |

Location

Unit Letter J : 1980 Feet From The South Line and 1780 Feet From The EastLine of Section 6 Township 22S Range 37E , NMPM, Lea Count

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 Transportation | P. O. Box 2587, Hobbs, New Mexico 88240 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | 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. | Range | Is gas actually connected? | When |
|--|------|------|------|-------|----------------------------|------|
| | J | 6 | 22S | 37E | No | |

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 Resrv. | Diff. h |
|------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|---------|
| | X | | | | | X | | X |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| 1-10-74 | 6-13-84 | | 9466' | | 6718' | | | |
| elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| 3443' GR | Tubb | | 6171' | | 6320' | | | |
| perforations | | | | | Depth Casing Shoe | | | |
| 6171' - 6328' | | | | | 9466' | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 17-1/2" | 13-3/8" | 510' | 450 Sx. |
| 12-1/4" | 9-5/8" | 3897' | 400 Sx. |
| 8-3/4" | 7" | 6777' | 300 Sx. |
| | 2-7/8" | 6320' | |

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 24 hours for this depth or be for full 24 hours)

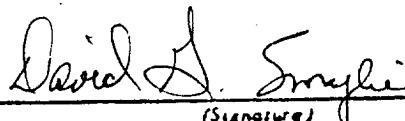
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| 7-29-84 | 10-3-84 | Pumping | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 | | | |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| 21 | 8 | 13 | 4 |

AS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | | | |
| Testing Method (pilot, back 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
(Title)

October 31, 1984

(Date)

OIL CONSERVATION DIVISION

NOV - 5 1984

APPROVED _____, 19

ORIGINAL SIGNED BY JERRY SEXTON

BY _____ DISTRICT SUPERVISOR

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 own 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.