

OIL CONSERVATION DIVISION  
P. O. BOX 2008  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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MANAGER	
FILE	
U.S.G.L.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
PRODUCTION OFFICE	

I. OPERATOR

Conquest Exploration Company

Address  
4201 FM 1960 West, Suite 500, Houston, Texas 77068

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change In Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)  
Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service. *BSM*

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. *R-7553 (6-1-84)*

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal	Well No. 1	Pool Name, Including Formation <i>Elm, Delaware Ramsey Sand</i>	Kind of Lease Federal State, Federal or Fee	Lease No. USA NM-19450
Location Unit Letter <i>E</i> ; 1980 Feet From The <i>North</i> Line and <i>680 660</i> Feet From The <i>West</i> Line of Section <i>17</i> Township <i>23S</i> Range <i>33E</i> , NMPM, Lea County				

III. 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. <i>Surface Trans.</i>	Address (Give address to which approved copy of this form is to be sent) 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)					
If well produces oil or liquids, give location of tanks.	Unit <i>E</i>	Sec. <i>17</i>	Twp. <i>23S</i>	Rge. <i>33E</i>	Is gas actually connected? <i>No</i>	When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
Date Spudded <i>2-7-84</i>	Date Compl. Ready to Prod. <i>3-1-84</i>	Total Depth <i>5300'</i>	P.B.T.D. <i>5212'</i>					
Elevations (DF, RKB, RT, GR, etc.) <i>3706 GR</i>	Name of Producing Formation <i>Ramsey Sand</i>	Top Oil/Gas Pay <i>5105'</i>	Tubing Depth <i>5156'</i>					
Perforations <i>5105'-5112'; 5122'-5155'</i>			Depth Casing Shoe <i>5300'</i>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<i>13"</i>	<i>40'</i>	
<i>12 1/4"</i>	<i>8 5/8"</i>	<i>510'</i>	<i>320</i>
<i>7 7/8"</i>	<i>5 1/2"</i>	<i>5300'</i>	<i>1025</i>
<i>5 1/2" csg.</i>	<i>2 3/8" tbg.</i>	<i>5156'</i>	

VI. 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 <i>3/1/84</i>	Date of Test <i>3/14/84</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump</i>	
Length of Test <i>20 hrs.</i>	Tubing Pressure <i>100</i>	Casing Pressure <i>100</i>	Choke Size <i>N/A</i>
Actual Prod. During Test	Oil-Bbls. <i>145</i>	Water-Bbls. <i>62</i>	Gas-MCF <i>30</i>

GAS WELL

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

II. 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]*  
Manager, Producing Operations  
(Title)  
March 20, 1984  
(Date)

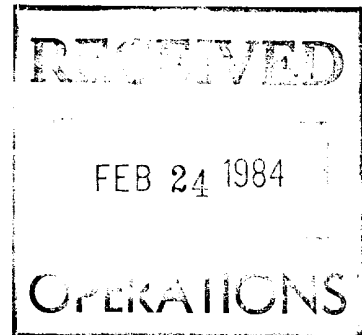
OIL CONSERVATION DIVISION  
MAR 23 1984  
APPROVED  
ORIGINAL SIGNED BY JERRY SEXTON  
BY  
DISTRICT I SUPERVISOR  
TITLE  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable 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 filled for each pool in multi-completed wells.

RECEIVED  
MAR 22 1984  
O.C.D.  
HOBBS OFFICE

# INCLINATION REPORT

OPERATOR CONQUEST EXPLORATION COMPANY ADDRESS 4201 FM 1960 WEST, SUITE 500  
HOUSTON, TEXAS 77068  
 LEASE NAME FEDERAL WELL NO. 1 FIELD \_\_\_\_\_  
 LOCATION LEA COUNTY, NEW MEXICO

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
500	$\frac{1}{2}$	4.3500	4.3500
975	$\frac{1}{4}$	2.0900	6.4400
1474	$\frac{1}{4}$	2.1956	8.6356
1972	$1\frac{1}{2}$	13.0476	21.6832
2469	$\frac{3}{4}$	6.5107	28.1939
2745	$\frac{3}{4}$	3.6156	31.8095
3310	1	9.8875	41.6970
3806	$1\frac{1}{2}$	10.8128	52.5098
4301	$2\frac{1}{2}$	21.5820	74.0918
4800	2	17.4151	91.5069
5092	3	15.2716	106.7785
5300	3	10.8784	117.6569



I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

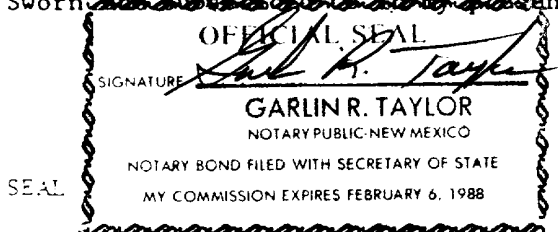
Debbie Clark  
 TITLE DEBBIE CLARK, OFFICE MANAGER

## AFFIDAVIT:

Before me, the undersigned authority, appeared DEBBIE CLARK  
 known to me to be the person whose name is subscribed herebelow, who, on making  
 deposition, under oath states that he is acting for and in behalf of the operator  
 of the well identified above, and that to the best of his knowledge and belief such  
 well was not intentionally deviated from the true vertical whatsoever.

Debbie Clark  
 AFFIANT'S SIGNATURE

Sworn, subscribed to, and taken in my presence on this the 20TH day of FEBRUARY, 1984



Notary Public in and for the County  
 of Lea, State of New Mexico

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MAR 22 1984  
O.C.D.  
HOBBS OFFICE  
REC-1