

IL CONSERVATION DIVISIC
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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FILE	
U.S.U.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Conquest Exploration Company	
Address 4201 FM 1960 West, Suite 500, Houston, TX 77068	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.
Change in Ownership <input type="checkbox"/>	BLM

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Federal	Well No. 2	Pool Name, Including Formation Cruz Delaware	Kind of Lease Federal	Lease No. USA NM-19450
Location				
Unit Letter D : 660' Feet From The North Line and 990' Feet From The West				
Line of Section 17 Township 23S Range 33E, NMPM, Lea County				

I. 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 Transportation</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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co., Attn: K. E. Moore	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762	
If well produces oil or liquids, give location of tanks. Unit D Sec. 17 Twp. 23S Rge. 33E	Is gas actually connected? No	When July, 1984

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Resrv. <input type="checkbox"/> Diff. Resrv. <input type="checkbox"/>		
Date Spudded 4-14-84	Date Compl. Ready to Prod. 6-4-84	Total Depth 5300'	P.B.T.D. 5216'
Elevations (DF, RKB, RT, GR, etc.) 3713' RKB	Name of Producing Formation Cruz Delaware	Top Oil/Gas Pay 5124'	Tubing Depth 5151'
Perforations 5124' - 5130'; 5148' - 5166'			Depth Casing Shoe 5300'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	16"	40'	
12-1/4"	9-5/8"	500'	250
7-7/8"	5-1/2"	5300'	1025
5-1/2" csg.	2-3/8 thg.	5151'	

III. 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 6-4-84	Date of Test 6-10-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 25#	Choke Size N/A
Actual Prod. During Test	Oil-Bbls. 33	Water-Bbls. 135	Gas-MCF 10

GAS 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

IV. 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.

Kay O. Beasley
(Signature)
Permits Administrator
(Title)
6/21/84
(Date)

OIL CONSERVATION DIVISION

APPROVED 100 26 1984, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
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 deviation 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 filed for each pool in multi-completed wells.

RECEIVED

JUN 25 1984

G.C.D.
HOBBS OFFICE