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N.E.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CONOCO INC.

Address P. O. Box 460, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)		Other (Please explain)
New Well	☐	Change in Transporter of: Oil ☒ Dry Gas ☐ Castinghead Gas ☐ Condensate ☐
Recompletion	☐	
Change in Ownership	☐	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Good Hope</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Salado Draw Delaware</u>	Kind of Lease State, <u>Federal</u> or Fee	Lease <u>Min</u> <u>0358392</u>
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>W</u> Line of Section <u>10</u> Township <u>26</u> Range <u>33</u> , NMPM, <u>Lea</u> County				

1. 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 Team.						Box 2587, Hobbs	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐						Address (Give address to which approved copy of this form is to be sent)	
Phillips						Odessa	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	
					yes	LA	

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

V. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. R.
Date Spudded	Date Compl. Ready to Prod.		Total Depth				P.B.T.D.		
Elevations (DF, RNB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay				Tubing Depth		
Perforations							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET				SACKS CEMENT		

7. 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 10% 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 (prior, 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.

Jane A. Kier
(Signature)
Administrative Supervisor

(Title)
7-2-2-1060
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY Orig. Sec. 1.2
Jerry Section

TITLE Dist 1, Supv.

If this is a request for allowable for a newly drilled or deeper 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 active, on pump and decompleted 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 Form C-104 must be filed for each pool in multi-completed wells.