



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

BRUCE KING
GOVERNOR

May 21, 1991

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

Conoco Inc.
10 Desta Drive West
Midland, TX 79705

Attn: Bill Keathley

Re: Reclassification of Wells -- Jalmat Pool
★ Vaughn A-14 #7-N Sec. 14, T24S, R36E
Vaughn A-14 #8-E Sec. 14, T24S, R36E

Gentlemen:

According to the recently submitted gas/oil ratio test the above-referenced wells will be reclassified from oil to gas in the Jalmat Pool effective July 1, 1991, and the oil allowable cancelled effective that date.

If for some reason you feel this test does not reflect the proper classification of these wells, please submit another test for our consideration by June 1, 1991.

If these wells are to be reclassified to gas, please furnish this office with revised acreage dedication plats, Form C-102, outlining the acreage to be dedicated to gas wells. Also, if the gas transporter changes due to reclassification, please submit Form C-104 so indicating. Also, gas well gas is required to be separately metered.

If you have any questions concerning this, please contact Evelyn Downs at (505) 393-6161.

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton
Supervisor, District I

ed

★ AC # 6361

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator <u>Conoco Inc.</u>		Well API No. <u>3002526130</u>
Address <u>P.O. Box 1959 Midland, TX 79705</u>		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Vaughn A-14</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Jalmat, Yates and SR</u>	Kind of Lease State, Federal or Fee	Lease No. <u>071030461A</u>	
Location					
Unit Letter <u>N</u>	<u>990</u>	Feet From The <u>S</u>	Line and <u>2310</u>	Feet From The <u>W</u>	Line
Section <u>14</u>	Township <u>24S</u>	Range <u>36E</u>	NMPM, <u>Lea</u> County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Conoco Surface Transport</u>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas <u>Phillips 66 Natural Gas Company</u>	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	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					<u>Yes</u>	<u>10-9-90</u>
If this production is commingled with that from any other lease or pool, give commingling order number.						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, 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			

V. 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 Tank	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 Ceal O. Yarbrough
Printed Name Ceal O. Yarbrough Title Sr. Analyst
Date NOV 19 1990 Telephone No. (915) 686-5583

OIL CONSERVATION DIVISION

DEC 03 1990

Date Approved

By

Dr. S. Paul K.
Geologist

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multipiv completed wells.