

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Conoco Inc.	
Address P.O. Box 460 Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	On Casinghead Gas MUST NOT BE FLARED AFTER 11/1/81 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED from U.S.D.S.
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vaughn A-14	Well No. 8	Pool Name, Including Formation Jalmit Yates - <del>7-Rivers-Queen</del>	Kind of Lease State, Federal or Fee LC 030467-a	Lease No.
Location Unit Letter E : 2310 Feet From The North Line and 660 Feet From The West Line of Section 14 Township 24-S Range 36-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2587, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1384, Jal, NM 88252	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 14
	Twp. 27	Rge. 36
	Is gas actually connected? No	

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 <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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-24-81	Date Compl. Ready to Prod. 8-11-81		Total Depth 3462'		P.B.T.D. 3421'			
Elevations (DF, RKB, RT, GR, etc.) GL 3359	Name of Producing Formation Yates - <del>7-Rivers-Queen</del>		Top Oil/Gas Pay 3161'		Tubing Depth 3273'			
Perforations 3161' - 3253'					Depth Casing Shoe 3462'			
TUBING, CASING, AND CEMENTING RECORD								
12-1/4" HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
7-7/8"	8-5/8"		1146'		660			
	5-1/2"		3462'		910			
	2-3/8"		3273'					

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 Tanks 8-17-81	Date of Test 8-19-81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 46 psi	Casing Pressure 105 psi	Choke Size 38/64"
Actual Prod. During Test 7 bbls	Oil-Bbls. 7 bbls	Water-Bbls. 0	Gas-MCF 360 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. 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. Sher*  
(Signature)  
Administrative Supervisor

August 28, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED **SEP 14 1981**, 19  
BY *Jerry Sexton*  
TITLE *Dist. L. Supv.*

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 deviated 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 multiple.