

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO: DIRECTOR	
DISTRIBUTION	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	
OTHER	

Conoco Inc.

Address

P. O. Box 460, Hobbs, New Mexico 88240

Other (Please explain)

Reason(s) for filing (Check proper box)

New Well ☒

Change in Transporter of:

Recompletion ☐Oil ☐Dry Gas ☐Change in Ownership ☐Casinghead Gas ☐Condensate ☐If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Thompson 18 Federal	5	Mason Delaware, North	State, Federal or Fee	LC-062749 (C)
Location				
Unit Letter	H	1980	Feet From The	North
		Line and	660	Feet From The
		East		
Line of Section	18	Township	26S	Range
		32E	N.M.P.M.	Lea
				Co.

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 Transportation	P. O. Box 2587, Hobbs, New Mexico 88240	
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 Petroleum	4001 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	C	19
	26	32
	Is gas actually connected? When	
	Yes 12-23-82	

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

VI. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Depth	Drill
X	X		X					
Date Spudded	Date Complet. Ready to Prod.		Total Depth		P.B.T.D.			
11-5-82	12-1-82		4600'		4568'			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Turning Depth			
3207 Gr.	Mason Delaware		4375'		4463'			
Perforations					Depth Casing Shoe			
Delaware 4375' - 4401'					4600'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1109'		504 Sx.			
7-7/8"	5-1/2"		4600'		915 Sx.			
	2-3/8"		4463'					

VII. 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 test
able 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.)	
1-5-83	1-24-83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
170	65	105	45

GAS WELL

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

VIII. 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.*Gene A. Hair*
(Signature)Administrative Supervisor
(Title)January 28, 1983
(Date)

OIL CONSERVATION DIVISION

JAN 31 1983

APPROVED _____, 19

BY ORIGINAL SIGNED BY EDDIE SEAY

TITLE OIL & GAS INSPECTOR

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 device
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
wells on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of gas
well name or number, or transporter, or other such change of condi-Separate Forms C-104 must be filed for each pool in multi-
completed wells.

RECEIVED

JAN 31 1963

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HOBBS OFFICE

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