

P. O. BOX 20811

SANTA FE, NEW MEXICO 87501

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF OFFICE RECEIVED		
DISTRIBUTION		
BANK FILE		
U.S.G.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		
CUSTODIAN		

Conoco Inc.

Address

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

Reason(s) for filing (Check proper box)

New Well XX

Change in Transporter of:

C11

Dry Gas

Casinghead Gas

Condensate

Other (Please explain)

We respectfully request a test allowable of 1000 BO for the month of December 1982.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Thompson Federal 19 Fed.	4	Mason Delaware, North	State, Federal or Fee LC-062749B	
Location				
Unit Letter <u>A</u> : <u>560</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>19</u> Township <u>26S</u> Range <u>32E</u> , NMPM, Lea County				

7. 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 Gashead 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.	Twp.	Rge.	Is gas actually connected?	When
	C	19	26	32	No	

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 Res'v.	Diff. Res'v.
Date Spudded		Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GK, etc.)		Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		
Delaware 4332' - 4347'									
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 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 HELL

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. Weir
(Signature)

Administrative Supervisor

(Title)

December 15, 1982

(12018)

OIL CONSERVATION DIVISION

APPROVED _____, 19

ORIGINAL SIGNED BY

BY LEBBY SEXTON

TITLE DISTRICT 1 SUPR.

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 deviate tests taken on the well in accordance with NDLR 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 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.

RECEIVED
DEC 16 1982
O.C.C.
HOBBS - 100