

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
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)

New Well ☒

Change in Transporter of:

Recompletion ☐Oil ☐Dry Gas ☒Change in Ownership ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

200 bbl. Condensate
Testing allowableIf change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Sholes B-19 Com	Well No. 4	Pool Name, Including Formation Undes. Strawn	Kind of Lease State, Federal or Fee LC-032581B	Lease No.
Location				
Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>19</u> Township <u>25 S</u> Range <u>37E</u> , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc Surface Transportation	Address (Give address to which approved copy of this form is to be sent) Box 2587, Hobbs, NM					
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) Jal, NM					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 19	Twp. 25S	Rge. 37E	Is gas actually connected? Yes	When 1-13-82

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input checked="" 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 1-13-81	Date Compl. Ready to Prod. 1-4-82		Total Depth 13,500'		P.B.T.D. 10,335'			
Elevations (DF, RKB, RT, GR, etc.) 3086' DF	Name of Producing Formation Strawn		Top Oil/Gas Pay		Tubing Depth 8600'			
Perforations 8742' - 8814' Total 11 holes					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		1050'		1835 sx			
12 1/4"	9 5/8"		4360'		1490 sx			
8 1/2"	7"		13,500'		1973 sx			
	2 3/8"		8600'					

IV. 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 WELL

Actual Prod. Test-MCF/D 65 MCF	Length of Test 24 hours	Bbls. Condensate/MMCF 4	Gravity of Condensate
Testing Method (plug, back pr.) Plunger Lift	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

V. 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. Nier
(Signature)

Administrative Supervisor

8/11/82
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 17 1982, 19BY ORIGINAL SIGNATURETITLE SECRETARY

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 completed wells.

RECEIVED
AUG 12 1982
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