

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.M.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PERMITS OFFICE	

Operator  
Conoco Inc.

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

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)  
Same well bore as SEMU Abo No. 71. This is a different pool therefore a different participating area so the name is different.

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name	SEMU Burger B	Well No.	71	Pool Name, including Formation	Skaggs Drinkard	Kind of Lease	State, Federal or Fee LC-031670(b)	Lease	
Location	Unit Letter <u>0</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1830</u> Feet From The <u>East</u> Line of Section <u>18</u> T. <u>20S</u> Range <u>38E</u> , NMPM, Lea								

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)	P. O. Box 2587, Hobbs, New Mexico 88240		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Warren Petroleum	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 67, Monument, New Mexico 88265		
If well produces oil or liquids, give location of tanks.	Unit <u>0</u> Sec. <u>18</u> Twp. <u>20S</u> Rge. <u>38E</u>	is gas actually connected?	Yes	When	2-11-85

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Reservoir <input type="checkbox"/>	Drill. H. <input checked="" type="checkbox"/>	
Date Spudded	6-6-52	Date Compl. Ready to Prod.	1-2-85	Total Depth	9266'	P.B.T.D.	RBP @ 7015'		
Elevations (DF, RKB, RT, CR, etc.)	3552' GR.	Name of Producing Formation	Drinkard	Top Oil/Gas Pay	6862'	Tubing Depth	6789'		
Perforations	6862' - 6947' Drinkard						Depth Casing Shoe	9266'	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13"	244'	250 Sx.
12"	9-5/8"	2827'	1780 Sx.
8-3/4"	7"	9266'	625 Sx.
	2-7/8"	6789'	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top 100' of well)

Date First New Oil Run To Tanks	1-2-85	Date of Test	1-10-85	Producing Method (Flow, pump, gas lift, etc.)	Flowing		
Length of Test	24	Tubing Pressure	1710	Casing Pressure	0	Choke Size	10/64"
Actual Prod. During Test	40	Oil-Bbls.	14	Water-Bbls.	26	Gas-MCF	1354

GAS WELL

Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MCF		Gravity of Condensate	
Testing Method (prior, back pr.)		Tubing Pressure (Shot-1a)		Casing Pressure (Shot-1a)		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.

*David A. Smylie*  
(Signature)

Administrative Supervisor

(Title)

2-14-85

OIL CONSERVATION DIVISION

FEB 20 1985

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep 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 geology.

RECEIVED

FEB 19 1985

O.C.D.  
HQS OFFICE