

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 RECEIVED	
DISTRIBUTION	
SANTA FE FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Conoco Inc.

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE

Lease Name SEMU Tubb	Well No. 120	Pool Name, including Formation Monument Tubb R-7248 (4-1-83)	Kind of Lease State, Federal or Fee NM-0557686	Lease No.
Location Unit Letter <u>B</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>14</u> T. wship <u>20S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

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>B</u> Sec. <u>14</u> Twp. <u>20S</u> Rge. <u>37E</u>	Is gas actually connected? Yes	When 1-12-83

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 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 9-6-81	Date Compl. Ready to Prod. 11-25-81	Total Depth 6730'	P.B.T.D. 6694'					
Elevations (DF, RKB, RT, GR, etc.) 3565' Gr.	Name of Producing Formation Tubb	Top Oil/Gas Pay 6424'	Tubing Depth 6666'					
Perforations Tubb 6424' - 6658' Tubb			Depth Casing Shoe 6730'					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	1390'	550 Sx.
8-1/2"	7"	6730'	1729 Sx.
	2-3/8"	6666'	

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 12-5-81	Date of Test 1-20-83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 70	Oil-Bbls. 21	Water-Bbls. 49	Gas-MCF 60

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

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.

James A. New
(Signature)
Administrative Supervisor
(Title)
January 31, 1983
(Date)

OIL CONSERVATION DIVISION
FEB 1 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 deviation 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.

RECEIVED

JAN 31 1983

O.C.D.
HOURS OFFICE

CONOCO INC.

P. O. Box 460
Hobbs, New Mexico

New Mexico Oil Conservation Division
1000 Rio Brazos Rd.
Aztec, New Mexico

Gentlemen:

In compliance with New Mexico Oil Conservation Division
Rule III, we are submitting below a list of deviation surveys taken
on Conoco Inc.'s SEMU Tubb No. 120,
located Unit B Section 14, Township 20S, Range 37E,
Lea County, New Mexico.

<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>
<u>200'</u>	<u>1/2°</u>	<u>2600'</u>	<u>3/4°</u>	<u>6730'</u>	<u>1/2°</u>
<u>600'</u>	<u>1/4°</u>	<u>3000'</u>	<u>3/4°</u>	_____	_____
<u>800'</u>	<u>0°</u>	<u>3200'</u>	<u>1°</u>	_____	_____
<u>1000'</u>	<u>3/4°</u>	<u>3400'</u>	<u>3/4°</u>	_____	_____
<u>1200'</u>	<u>1/2°</u>	<u>3600'</u>	<u>1°</u>	_____	_____
<u>1390'</u>	<u>1/2°</u>	<u>3800</u>	<u>1-1/4°</u>	_____	_____
<u>1600'</u>	<u>3/4°</u>	<u>4300'</u>	<u>1-1/4°</u>	_____	_____
<u>1800'</u>	<u>1-1/4°</u>	<u>4797'</u>	<u>1-1/4°</u>	_____	_____
<u>2000'</u>	<u>1°</u>	<u>5584'</u>	<u>1°</u>	_____	_____
<u>2200'</u>	<u>1-1/4°</u>	<u>6068'</u>	<u>1-1/4°</u>	_____	_____

Yours very truly,

June A. Weir

Subscribed and sworn to before me, a Notary Public, in and for Lea County,
New Mexico, this 31st day of January, 1983.

9-12-83
My Commission Expires

Rosa E. Jones
Notary Public