

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.O.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)

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)

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

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. disc allow 35,145

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>SEMU Abo</u>	<u>71</u>	<u>Undesignated Abo</u>	<u>State, Federal or Fee</u>	<u>LC-031670B</u>

Location

Unit Letter 0 : 660 Feet From The South Line and 1830 Feet From The East

Line of Section 18 Township 20S Range 38E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Conoco Inc. Surface Transportation</u>	<u>P. O. Box 2587, Hobbs, New Mexico 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Warren Petroleum</u>	<u>P. O. Box 67, Monument, New Mexico 88265</u>

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>0</u>	<u>18</u>	<u>20S</u>	<u>38E</u>	<u>Yes</u>	<u>11-4-83</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
<u>X</u>	<u>X</u>					<u>X</u>		<u>X</u>

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>6-6-52</u>	<u>11-1-83</u>	<u>9266'</u>	<u>7850'</u>

Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<u>3552' GR.</u>	<u>Abo</u>	<u>7083'</u>	<u>7003'</u>

Perforations	Depth Casing Shoe
<u>7083'-7252', 7276'-7462', 7488'-7657' Abo</u>	<u>9266'</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>NA</u>	<u>13"</u>	<u>244'</u>	<u>250 Sx.</u>
<u>NA</u>	<u>9-5/8"</u>	<u>2827'</u>	<u>1780 Sx.</u>
<u>NA</u>	<u>7"</u>	<u>9266'</u>	<u>625 Sx.</u>
	<u>2-7/8"</u>	<u>7003'</u>	

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 of well 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.)
<u>10-27-83</u>	<u>11-10-83</u>	<u>Flowing</u>

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24</u>	<u>850</u>		<u>15/64"</u>

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>371</u>	<u>363</u>	<u>8</u>	<u>850</u>

GAS WELL

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.

Daniel L. Lujan  
(Signature)  
Administrative Supervisor  
(Title)  
November 18, 1983  
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 22 1983, 19\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 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 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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-