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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator
Conoco Inc.
Address
P.O. Box 460, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Castinhead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain)
Change of corporate name from Continental Oil Company effective July 1, 1979.
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name
SEMU Blinbry
Well No.
58
Pool Name, Including Formation
Blinbry
Kind of Lease
CC
State, Federal or Fee
0316706
Location
Unit Letter
C
660 Feet From The North Line and 1980 Feet From The West
Line of Section
29
Township
20S
Range
38E
NMPM
Dea
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐
Permian Corporation
Address (Give address to which approved copy of this form is to be sent)
Box 4157 Midland, Texas
Name of Authorized Transporter of Castinhead Gas ☐ or Dry Gas ☐
Warren Petroleum
Address (Give address to which approved copy of this form is to be sent)
Monument, N.M.
If well produces oil or liquids, give location of tanks.
Unit
0
Sec.
18
Twp.
20
Rge.
38
Is gas actually connected?
yes
When
2-3-78

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

IV. COMPLETION DATA

Designate Type of Completion - (X)
Oil Well Gas Well New Well Workover Deepen Plug Back Same Rest'n Diff. Rest'n
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RAB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. 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 Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Division Manager
(Title)

JUL 25 1979

NMOCD (5) NMPM, F (4)

OIL CONSERVATION COMMISSION

APPROVED AUG 1 1979, 19
BY Larry Lipton
TITLE District Supervisor

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 multiply completed wells.