

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Conoco Inc.	Well API No. 30-025-07826
Address 10 Desta Drive Ste 100W, Midland, TX 79705	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name SEMU BURGER	Well No. 63	Pool Name, including Formation EUMONT QUEEN GAS	Kind of Lease State, Federal or Fee	Lease No. LC 031670A
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>NORTH</u> Line and <u>1650</u> Feet From The <u>EAST</u> Line Section <u>19</u> Township <u>20 S</u> Range <u>38 E</u> , <u>NMPM</u> , <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil CONOCO INC	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2587, HOBBS, NM 88240				
Name of Authorized Transporter of Casinghead Gas WARREN PETROLEUM CO.	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1589, TULSA, OK. 74102				
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 19	Twp. 20S	Rge. 38E	Is gas actually connected? YES	When? 9-11-93

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 Res'v	Diff Res'v
		XX				XX		XX
Date Spudded 12-23-57	Date Compl. Ready to Prod. 9-11-93	Total Depth 9250			P.B.T.D. 6572			
Elevations (DF, RKB, RC, GR, etc.) DF 3544	Name of Producing Formation EUMONT	Top Oil/Gas Pay 2662			Tubing Depth 3514			
Perforations 2662-3044 UPPER EUMONT & 3109-3507 LOWER EUMONT					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15	10 3/4	266	285 SX
9 7/8	7 5/8	3995	3200 SX
6 3/4	5 1/2	9250	600 SX
	2 7/8 TBG	3514	

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.)

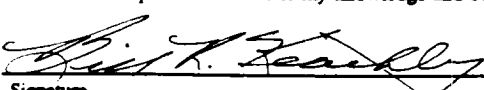
Date First New Oil Run To Tank 9-11-93	Date of Test 9-27-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HR	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 12	Oil - Bbls. 5	Water - Bbls. 159	Gas- MCF 151

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

VI. OPERATOR 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.


Signature BILL R. KEATHLY SR. REGULATORY SPEC.

Printed Name 10-7-93 Title 915-686-5424

Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved OCT 27 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.