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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

I. OPERATOR

Operator: **CONOCO INC.**

Address: **P. O. Box 460, Hobbs, N.M. 88240**

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain): **Formerly SEMU Burger B # 131; Warren Drinkard Pool**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name SEMU McKee	Well No. 13	Pool Name, including Formation Warren McKee	Kind of Lease State, Federal or Fee LC-031670(b)	Lease No.
Location: Unit Letter N ; 660 Feet From The S Line and 1980 Feet From The W Line of Section 20 Township 20 Range 38 , N.M.P.M., Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) Box 67, Monument, NM
If well produces oil or liquids, give location of tanks: N 20 20 38	Is gas actually connected? yes Water: NA

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res't.	Diff. Res't.
NA								<input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
NA	2-12-80	9198	9148					
Elevations (DF, RKB, RT, GR, etc.) DF 3554'	Name of Producing Formation Warren McKee	Top Oil/Gas Pay 8992'	Tubing Depth 8990					
Perforations 8992' - 9124'	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	10 3/4"	264'	250
8 3/4"	7 7/8"	2842'	350
7 7/8"	5 1/2"	9197'	260
	2 7/8"	8990	

VI. 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 2-12-80	Date of Test 4-29-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 45	Casing Pressure 10 #	Choke Size open
Actual Prod. During Test 16 bbl.	Oil-Bbls. 5	Water-Bbls. 11	Gas-MCF TSTM

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.

Jane A. Weir
(Signature)
Administrative Supervisor
(Title)
JUN 17 1980
(Date)

*NMOC 0-5 USGS -2
N.M.F.U. -4 File-1*

OIL CONSERVATION COMMISSION

APPROVED _____ 19____

BY **Jane A. Weir**

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 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.