

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

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

Operator Conoco Inc.		Well API No. 30-025-26641
Address 10 Desta Drive West, Midland, Texas 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 Tubb	Well No. 115	Pool Name, Including Formation Monument Tubb	Kind of Lease State, Federal or Fee	Lease No. NM-5576860
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>23</u> Township <u>20S</u> Range <u>37E</u> , NMPM, 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"/> Conoco Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2587, Hobbs, N.M. 88240			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co. <sup>EFFECTIVE February 1, 1992</sup>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79760			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 23	Twp. 20	Rge. 37
Is gas actually connected?	When?			9/21/90

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 X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v
Date Spudded 9/4/90	Date Compl. Ready to Prod. 9/10/90	Total Depth 6988'			P.B.T.D. 6580'			
Elevations (DF, RKB, RT, GR, etc.) 3523' G.L.	Name of Producing Formation Monument Tubb	Top Oil/Gas Pay 6298'			Tubing Depth 6565'			
Perforations 6370' - 6565'					Depth Casing Shoe 6975'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
17-1/2"	13-3/8"	1264'			1225 sx circ.			
12-1/4"	8-5/8"	2780'			1233 sx circ.			
7-7/8"	5-1/2"	6987'			2547 sx circ.			
(Same as before)								

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 9/10/90	Date of Test 9/10/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 330 PSE	Casing Pressure Ø	Choke Size 20/64"
Actual Prod. During Test 248	Oil - Bbls. 243	Water - Bbls. 5	Gas - MCF 316

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.

Harry L. Deathe  
Signature  
Harry L. Deathe Administrative Supervisor  
Printed Name  
9/24/90 Date (915) 636-5400 Telephone No.

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
Title \_\_\_\_\_

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

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

*24 well Midland*

Submit to Appropriate District Office  
 State Lease - 4 copies  
 Fee Lease - 3 copies

# OIL CONSERVATION DIVISION

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

**DISTRICT I**  
 P.O. Box 1980, Hobbs, NM 88240

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

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

## WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

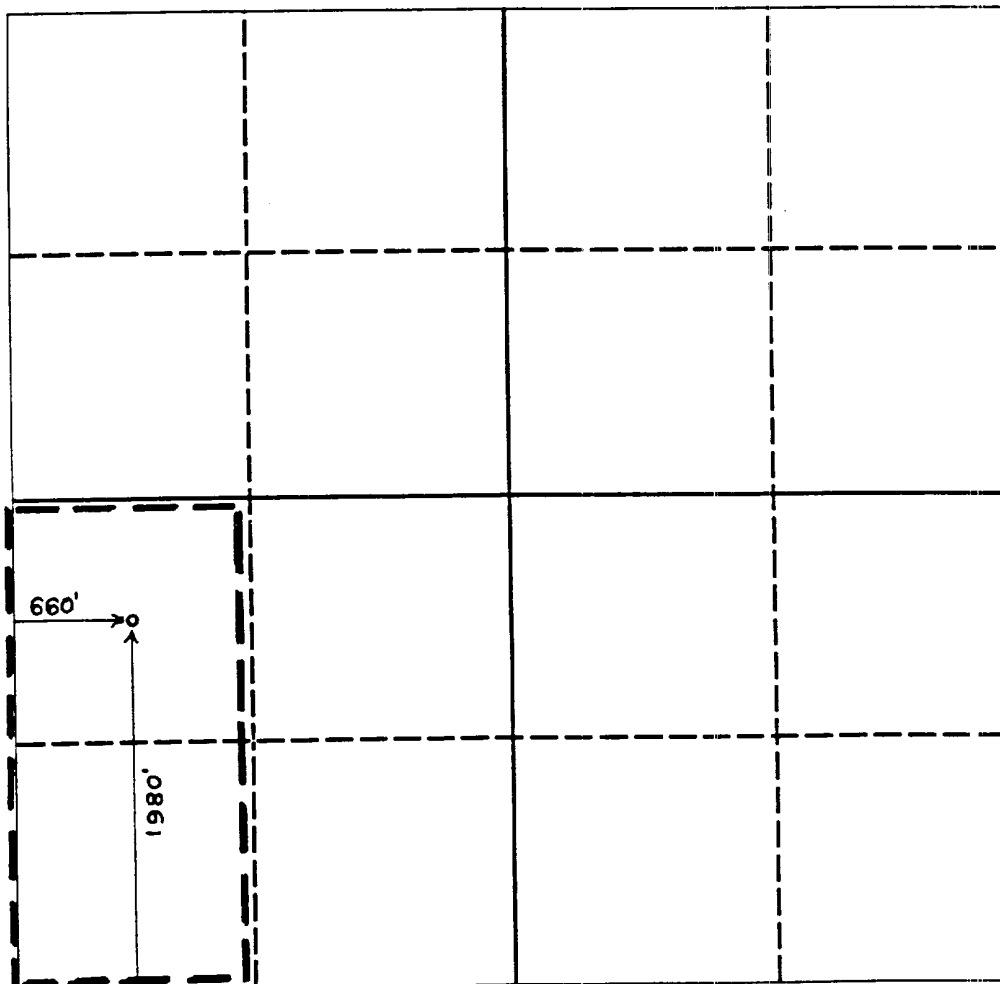
Operator Conoco Inc.			Lease SEMU		Well No. 115
Unit Letter L	Section 23	Township 20S	Range 37E	County NMPM	Lea
Actual Footage Location of Well: 1980 feet from the South line and 660 feet from the West line					
Ground level Elev. 3523.5	Producing Formation Tubb		Pool Monument Tubb	Dedicated Acreage: 80 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
 

Yes     No    If answer is "yes" type of consolidation \_\_\_\_\_

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



### OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature: *Jerry W. Hoover*

Printed Name: Jerry W. Hoover

Position: Regulatory Coordinator

Company: Conoco Inc.

Date: 10/1/90

### SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed: \_\_\_\_\_

Signature & Seal of Professional Surveyor: \_\_\_\_\_

Certificate No.: \_\_\_\_\_

