

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Comaco Inc</u>		Well API No. <u>30-025-06246</u>
Address <u>10 Dester Dr. Ste 100W, Midland, TX 79705</u>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Other (Please explain) <u>change lease name from SEMU well Drunkelt</u>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SEMU Tubb</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Monument Tubb</u>	Kind of Lease State, Federal or Fee	Lease No. <u>NM 5576860</u>
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>23</u> Township <u>20-S</u> Range <u>37 E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Comaco Inc</u>	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2587, Hobbs, N.M. 88240</u>	
Name of Authorized Transporter of Casinghead Gas <u>Phillips 66 Natural Gas Co.</u>	<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>4001 Pembroke, Celso TX 79760</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>23</u>	Twp. <u>20</u>
	Rge. <u>37</u>	Is gas actually connected? <u>YES</u> When? <u>6-9-91</u>	

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>Orig Spud 4-15-91</u>	Date Compl. Ready to Prod. <u>6-9-91</u>	Total Depth <u>7690</u>		P.B.T.D. <u>6610</u>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <u>Monument Tubb</u>	Top Oil/Gas Pay <u>6282</u>		Tubing Depth <u>6557</u>				
Perforations <u>6282 - 6472</u>			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<u>Same as Before</u>							

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 <u>6-9-91</u>	Date of Test <u>6-11-91</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>114</u>	Oil - Bbls. <u>27</u>	Water - Bbls. <u>53</u>	Gas- MCF <u>35</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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  
Printed Name  
Bill R. Keathly  
Date  
7-1-91  
Title  
Asst. Staff Engineer  
Telephone No.  
915-686-5424

OIL CONSERVATION DIVISION

Date Approved JUL 11 1991

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

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.

31 well Drkld

RECEIVED

JUL 10 1991

LIBRARY  
HOBBS 6-7-91