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FILE

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-11

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 ☐ Casinghead Gas ☐ Condensate ☐ Change in Ownership ☐

Other (Please explain)

Change of corporate name from Continental Oil Company effective July 1, 1973.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name

SEMU Permian

Acq. No.

25

Pool Name, including Formation

Skaggs Grayburg

Kind of Lease

State, Federal or Fee

Lease No.

LC-03620

Location

Unit Letter

A

Feet From The

660

Line and

N

Feet From The

660

Line of Section

25

Township

20-S

Range

37-E

County

Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐

Shell Pipeline Corporation

Address (Give address to which approved copy of this form is to be sent)

Box 1910 Midland Texas

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

Warren Petroleum Corporation

Address (Give address to which approved copy of this form is to be sent)

Box 67 Monument, New Mexico

If well produces oil or liquid, give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

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 Reservoir, Different Reservoir ☐

Date Spudded

Date Completed, Ready to Produce

Total Depth

P.B.T.D.

Elevations (DF, RKB, 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 (pilot, 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)

6/15/79

(Date)

NMOCD (5)

USGS(2) NMFW(4) FILE

OIL CONSERVATION COMMISSION

APPROVED

JUL 23 1979

BY

Garry 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.