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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 OCS C-104 and C-105
Effective 1-1-75

1.

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 ☐ Gas ☐ Condensate ☐ Change in Ownership ☐
Other (Please explain) Change of corporate name from Continental Oil Company effective July 1, 1979.	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name SEMU Permian	Well No. Pool Name, including Formation 34 Skaggs Grayburg	Kind of Lease State, Federal or Fee	Lease No. LC-031670 (a)
Location Unit Letter J 1980 Feet From The S Line and 1980 Feet From The E			
Line of Section 19 Township 20-5 Range 38-E, NMPM, Lea County			

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 Gas (Natural 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 liquids, 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 Rest. Oil	Rest. Gas
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RAB, 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) NMFu(4) FILE

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1979, 19

BY Jerry S. 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.