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U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR
PRORATION OFFICE
Operator
Conoco Inc.

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
Supersedes OIA C-104 and C-110  
Effective 1-1-65

Corrected Report

P.O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Transported Gas ☐

Dry Gas ☐

Condensate ☐

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	Well Pool Name, Including Formation	Kind of Lease	Lease No.
SEMU Blinbry	100 Warren Tubbo, 1	LC 031670	
Location		State, Federal or Free	
Unit Letter	N 760	Feet From The South Line and	1650
		Feet From The	West
Line of Section	20	Township	20-S
		Range	38-E
		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"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc Surface Transportation	Hobbs, N.M.
Name of Authorized Transporter of Gas, Condensate Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	Monument, N.M.
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
0 18 20 38	Yes 4-30-79

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	Diff. Reservoir
Date Spudded	Date Comm. Ready to Prod.	Total Depth	P.S.T.D.					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing 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-Bb.s.	Water-Bb.s.	Gas-MCF

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.

*J. M. Mays*  
(Signature)

Division Manager

(Title)

AUG 7 1979

NMOCD (5) NMU, File

OIL CONSERVATION COMMISSION

APPROVED

AUG 24 1979

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BY

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