

STATE OF NEW MEXICO  
OIL AND MINERALS DEPARTMENT

Form OCM-1  
Revised 10-1-78

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION

DATE

FILE

U.S.S.

AND OFFICE

TRANSPORTER

PERATOR

PERATION OFFICE

perator

OIL

GAS

Conoco Inc.

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

Reason(s) for filing (Check proper box)

Other (Please explain)

new Well ☐

completion ☐

change in Ownership ☐

Change in Transporter of:  
Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

To show lease is now being commingled

change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Well No.

Pool Name, Including Formation

Kind of Lease  
State, Federal or Fee

Lease No.

SEMU McKee

11

Warren McKee

LC-031670(b)

Location

Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West

Line of Section 29 Township 20S Range 38E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

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

Shell Pipeline Company

P. O. Box 1910, Midland, Tx 79702

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

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

Warren Petroleum

Monument, New Mexico

(Well produces oil or liquids,  
give location of tanks.)

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

M

20

20S

38E

Yes

this production is commingled with that from any other lease or pool, give commingling order number: PLC-67

COMPLETION DATA

Designate Type of Completion -- (X)

Oil Well ☐

Gas Well ☐

New Well ☐

Workover ☐

Deepen ☐

Plug Back ☐

Same Res'tv. Diff. Fr ☐

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Deviances (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

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-MMCF

AS WELL

Actual Prod. Test-MMCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pump, back pr./

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

CERTIFICATE OF COMPLIANCE

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.

David L. Lopez  
(Signature)

Administrative Supervisor  
(Title)

April 10, 1984

OIL CONSERVATION DIVISION

APPROVED APR 13 1984, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

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APR 12 1984  
O.C.D.  
HOBBS OFFICE

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