

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator	Conoco Inc.
Address	P. O. Box 460, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
	This well was formerly the SEMU Blinebry No. 58.

If change of ownership give name
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease
SEMU Abo	58	Skaggs Abo East R 7959	State, Federal or Fee	LC-031670(b)
Location				
Unit Letter	C	: 660 Feet From The North Line and 1980 Feet From The West		
Line of Section	29	T. Township 20S Range 38E, NMPM, Lea		Cour

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)					
Shell Pipeline Company	P. O. Box 1910, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead 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	P. O. Box 67, Morument, New Mexico 88265					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	18	20S	38E	Yes	4-1-85

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Reservoir	Drill. H. <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3-10-57	4-1-85	9119'	7735'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3550' DF	Abo	7004'	7547'					
Perforations			Depth Casing Shoe					
7004' - 7602' Abo			9119'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/2"	10-3/4"	255'	250 Sx.
9-7/8"	7-5/8"	4004'	1800 Sx.
6-3/4"	5-1/2"	9119'	525 Sx.
	2-3/8"	7547'	

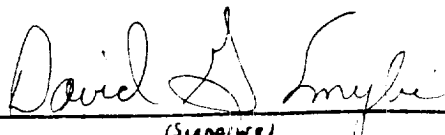
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4-1-85	4-6-85	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24			
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF
395	88	307	42

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Administrative Supervisor

(Title)
April 30, 1985

OIL CONSERVATION DIVISION

MAY 2 1985

APPROVED _____, 19____

BY _____
DISTRICT 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 deep
well, this form must be accompanied by a tabulation of the devi
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of o