

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-78P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DATE RECEIVED	
DATE OF	
FILE	
U.S.A.	
LOCAL OFFICE	
TRANSPORTER	ON
OPERATION	OFF
OPERATION OFFICE	
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:	
Recompletion	☒	Oil	☐
Change in Ownership	☐	Condensate Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Name change from SEMU Abo to SEMU Burger.
Request a test allowable of 30 BO for
the month of August 1987.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	Lease No.
SEMU Burger	72	Warren Tubb	State, Federal or Fee	LC-031670B
Location	Unit Letter	330	Feet From The	North
			Line and	1650
			Feet From The	East
Line of Section	19	T. Township	20S	Range
				38E
				NMPM
				Lea
				Count

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)					
Conoco Inc. Transportation	P. O. Box 2587, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Condensate Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Is well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	Where
	B	19	20S	38E	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Drill. H.
Date Spudded	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.					
Revisions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Tubb							
Perforations	6349' - 6619'							

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 100%
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.)	
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/MCF	Gravity of Condensate
Testing Method (pump, gas lift, etc.)	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.

D. F. Finney

Administrative Supervisor

August 11, 1987

OIL CONSERVATION DIVISION

APPROVED AUG 13 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

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

If this is a request for allowables for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the device
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 own
well name or number, or transporter, or other such change of condition.

RECEIVED

AUG 12 1987

OCD

HOBBS OFFICE