

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	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

Operator
Conoco Inc.

Address

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 ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Change of Lease Name.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name SEMU Abo	Well No. 72	Pool Name, including Formation East Skaggs Abo	Kind of Lease State, Federal or Fee LC-031670B	Lease No.
Location Unit Letter B : 330 Feet From The North Line and 1650 Feet From The East Line of Section 19 Township 20S Range 38E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2587, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P. O. Box 67, Monument, New Mexico 88265					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 19	Twp. 20S	Rge. 38E	Is gas actually connected? Yes	When 3-7-84

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Some Res'v. <input type="checkbox"/>	Diff. H. <input checked="" type="checkbox"/>
Date Spudded 4-18-86	Date Compl. Ready to Prod. 3-7-84		Total Depth 9250'		P.B.T.D. 8181'			
Elevations (DF, RKB, RT, GR, etc.) 3550' GR.	Name of Producing Formation Abo		Top Oil/Gas Pay 7137'		Tubing Depth 7651'			
Perforations 7137' - 7652' Abo					Depth Casing Shoe 9249'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	10-3/4"	250'	250 Sx.
9-7/8"	7-5/8"	3009'	887 Sx.
6-3/4"	5-1/2"	9249'	370 Sx.
	2-7/8"	7651'	

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 3-7-84	Date of Test 3-19-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 720	Casing Pressure	Choke Size 15/64"
Actual Prod. During Test 165	Oil-Bbls. 161	Water-Bbls. 4	Gas-MCF 426

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puct, 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.


(Signature)

Administrative Supervisor

(Title)

April 27, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 30 1984, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
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 deviate 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 conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

RECEIVED
APR 27 1984
O.C.D.
HARRIS OFFICE