

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 RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator **CONOCO INC.**Address **P. O. Box 460, Hobbs, N.M. 88240**

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Effective 11-15-80

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Sema Tubbs	Well No. 86	Pool Name, including Formation Monument Tubbs	Kind of Lease State <input checked="" type="checkbox"/> Federal or Fee	Lease No. LC 0816200
Location Unit Letter D : 660 Feet From The N Line and 660 Feet From The W Line of Section 14 Township 20 Range 57 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 Transp	Address (Give address to which approved copy of this form is to be sent) Hobbs	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren	Address (Give address to which approved copy of this form is to be sent) Monument	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 18
	Twp. 20	Rge. 37
	Is gas actually connected? yes	When N/A

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	Some Rest'v.	Diff. P.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (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

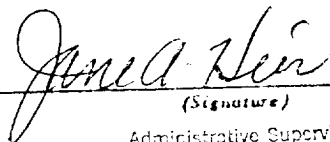
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top
able for this depth or be for full 24 hours)

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/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

NOV 13 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____
Oil ConservationTITLE _____
Oil Conservation

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 devic
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
able 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 conditSeparate Forms C-104 must be filed for each pool in multi
completed wells.