

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.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator **CONOCO INC.**

Address **P. O. Box 450, Hobbs, N.M. 88240**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Effective 11-15-80
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☒ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name SEMA Tubb	Well No. 87	Pool Name, Including Formation Monument Tubb	Kind of Lease State, Federal or Foreign CC 03/66	Lease No. CC 03/66
Location Unit Letter M : 000 Feet From The S Line and 660 Feet From The W Line of Section 14 Township 20 Range 37 , NMPM, LPS County Colo				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ 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 ☒ or Dry Gas ☐ 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 NA	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Hestv.	Diff. H.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, 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

V. 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 of hole 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-Bble.	Water-Bble.	Gas-MCF

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.

Jane A. Heir
(Signature)

Administrative Supervisor

NOV 13 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____

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