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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Antenia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	Santa Fe, New Mexico 87504-2088
	REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	NEC					ATURAL (ł			
Operator		10 111	AIVOL	ONIO	IL AND IN	HIUHALC		I API No.			
CONOCO INC.							30	002522	83700		
PO Box 1959	И	.10LAx	10	TV	7471	٠					
Reason(s) for Filing (Check proper bo	x)	·IUCH) 	<u> </u>	7970	ther (Please exp	Ναύι)				
New Well		Change i			_		,				
Recompletion Change in Operator	Oil Casinghe		Dry G								
If change of operator give name			Conne								
and address of previous operator	···			<u> </u>							
IL DESCRIPTION OF WEI	L AND LE		In an				··· · · · · · · · · · · · · · · · · ·				
SEMU-ELMON	П	90		MONT	ding Formation			l of Lease s, Federal or Fee		Lease No.	
Location		1 (0	TOU	MUIOI	aueer	JUHJ		,	0110	<u>31736B</u>	
Unit Letter \mathcal{P}	:4	060	_ Feet Fr	om The	50UTH Lis	ne and _ (/	60	eet From The _	FAST	Line	
Section 22 Town	<u> </u>	05							<u> </u>		
State Prof. Town			Range	37	E,N	МРМ,		<i>H</i>		County	
III. DESIGNATION OF TRA	INSPORTE	ER OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	<u> </u>	or Condex	ISM e	\triangleright	Address (Gi	ve address to w	hich approve	d copy of this for	m is to be s	ent)	
Name of Authorized Transporter of Car	Enghead Gas		or Dry	Gas 🔀	Address (Gir	a address to	tiet e	d Cal : C			
PHILLIPS 66 NATU	RAL GF	+5 C0	MOAL		Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,	Gd Sufficient	psetion	Twp.	Rge	ge. is gas actually connected? When?					11100	
If this production is commingled with th	at from any oth	er lesse or	mod give	Commissi	1 XES	.	L	7-27	-90		
IV. COMPLETION DATA			pout, gart	- consisting	ing order adm	Det:					
Designate Type of Completion	n - (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date ipudd xd		pl. Pendy to	Prod		Total Depth	L	L	<u></u>		.1	
		,,			l see see see			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations								D. 1 0			
								Depth Casing	Shoe		
	T	TUBING, CASING AND			CEMENTING RECORD			<u></u>			
HOLE SIZE	CASING & TUBING SIZE			ZE	DEPTH SET			SA	SACKS CEMENT		
			·			_					
V. TEST DATA AND REQUE	ST FOR A	LLOWA	Dir								
				and must i	he equal to as	exceed top allow	unhla for this	danth as he for	6.11 24 Laure	- 1	
Date First New Oil Run To Tank Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	T.1: P.										
	Tubing Press	aure		1	Casing Pressur	e		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
GAS WELL Actual Prod. Test - MCF/D					_						
real flot lest - MCI/D	Length of Te	est			Bbis, Condens	nte/MMCF		Gravity of Cond	iensate		
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size						
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IANC	E		II CONG	C.D./V	TION DI			
I hereby certify that the rules and regul Division have been complied with and	that the inform	ation given	tion above		U	IL CONS	DEHVA	TION DI			
is true and complete to the best of my	knowledge and	belief.			Data	Approved			الورادية من الراب	الرا	
All Man U.					Dale	-hhi avea					
Signature_					Bv	V •	·	erio de Jer	RY SEXT	ON	
H.L. DEATHE ADMINISTRATIVE SUPERVISOR			LISOR	By AGE AGENT SUFFRENCE SEXTON							
Printed Name SEP 6 1990	(915) 68				Title_						
Date	<u> </u>	Telepho	one No.								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.