

L CONSERVATION DIVISIC  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

FORM C-104  
7-1983 5-1-87

|                        |  |
|------------------------|--|
| NO. OF COPIES RECEIVED |  |
| DISTRIBUTION           |  |
| SANTA FE               |  |
| FILE                   |  |
| U.S.O.B.               |  |
| LAND OFFICE            |  |
| TRANSPORTER            |  |
| OIL                    |  |
| GAS                    |  |
| OPERATOR               |  |
| PRODUCTION OFFICE      |  |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|   |   |
|---|---|
| Operator<br>Conoco Inc.                           |   |
| Address<br>P. O. Box 460, Hobbs, New Mexico 88240 |   |
| Reason(s) for filing (Check proper box)           | Other (Please explain)  |
| New Well <input type="checkbox"/>                 | Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/>             | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>             |
| Change In Ownership <input type="checkbox"/>      | To show lease is now being commingled   |

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

|  |                 |  |  |                  |
|--|-----------------|--|--|------------------|
| Lease Name<br>SEMU Blinebry  | Well No.<br>101 | Pool Name, Including Formation<br>Blinebry Oil & Gas | Kind of Lease<br>State, Federal or Fee LC-031670 | Lease No.<br>(b) |
| Location<br>Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> |                 |  |  |                  |
| Line of Section <u>29</u> Township <u>20S</u> Range <u>38E</u> , 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"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Shell Pipeline Company   | P. O. Box 1910, Midland, Tx 79702  |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Warren Petroleum   | Monument, New Mexico   |
| If well produces oil or liquids, give location of tanks.   | Is gas actually connected? When  |
| Unit <u>M</u> Sec. <u>20</u> Twp. <u>20S</u> Rge. <u>38E</u>   | Yes  |

If this production is commingled with that from any other lease or pool, give commingling order number: PLC-67

COMPLETION DATA

|                                    |                             |                 |          |          |              |                   |             |           |
|------------------------------------|-----------------------------|-----------------|----------|----------|--------------|-------------------|-------------|-----------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well        | New Well | Workover | Deepen       | Plug Back         | Some Resrv. | Diff. Fr. |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     |          |          | P.B.T.D.     |                   |             |           |
| Elevations (DF, RKB, RT, CR, 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 of 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 (prior, 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.

David L. Lucas  
(Signature)

Administrative Supervisor

(Title)

April 10, 1984

(Date)

OIL CONSERVATION DIVISION

APR 13 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I 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 deepened well, this form must be accompanied by a tabulation of the deviat 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 well well name or number, or transporter, or other such change of condi.

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

RECEIVED  
APR 12 1984  
O.C.D.  
HOBBS OFFICE