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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

CASINGHEAD GAS MUST NOT BE
FLARED AFTER
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

Operator Conoco Inc.	
Address Box 460, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Request for final allowable for the month of July, 1979
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name SEMU Bluebry	Well No. Pool Name, Including Formation 101 Bluebry Oil and Gas	Kind of Lease State, Federal or Fee	Lease No. LC031670(b)
Location			
Unit Letter D	660' Feet From The North Line and 330' Feet From The West		
Line of Section 29	Township 20-S	Range 38-E	County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Midland, Tx		
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) Monument, NM		
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 18	Twp. 20
	Rge. 38	Is gas actually connected? NO	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 3-6-79	Date Compl. Ready to Prod. 4-20-79	Total Depth 6758'	P.B.T.D. 6703'					
Elevations (DF, RKB, RT, GR, etc.) 3535' GL	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth 5999'					
Perforations 5803, 09, 20, 46, 52, 55, 58, 66, 6009, 15, 19, 24, 33, 37 w/133PF			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		1420'		575 sk			
8 3/4"	7"		6738'		850 sk			

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5-21-79	Date of Test 5-21-79	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure NA	Casing Pressure NA	Choke Size NA
Actual Prod. During Test	Oil - Bbls. 53	Water - Bbls. 0	Gas - MCF 97

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate Gravity 38.0
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ben R. Lee
(Signature)
Administrative Supervisor
(Title)
JUL 17 1979
(Date)

NMOC(5) NMPW(4) US6(2) FILE

OIL CONSERVATION COMMISSION

APPROVED **JUL 20 1979**, 19
BY **[Signature]**
TITLE **SUPERVISOR DISTRICT 1**

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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