

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 DEEPER REEDED	
DATE OF REEDED	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Conoco Inc.

Address
P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

To show lease is now being commingled

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name SEMU Tubb A	Well No. 104	Pool Name, Including Formation Warren Tubb Oil	Kind of Lease State, Federal or Fee LC-031670	Lease No. (b)
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>20S</u> Range <u>38E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Tx 79702	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) Monument, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 20
	Twp. 20S	Rge. 38E
	Is gas actually connected? <u>Yes</u>	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Recompleted	Deepen	Plug back	Other (specify)
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DA, RAE, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Bay		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 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

VI. 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. Lujan
(Signature)

Administrative Supervisor

April 10, 1984

(Date)

OIL CONSERVATION DIVISION

APR 13 1984

APPROVED _____, 10

SIGNED BY JERRY SEATON
DISTRICT 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 device 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 V for changes of well name or number, or transfer of ownership, or other changes.

Separate Form 10-1 must be filed for each production recompleted well.

RECEIVED

APR 12 1984

HOLERS