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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-11
Effective 1-1-65

I.

Operator: Conoco Inc.

Address: Box 460, Hobbs, NM 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): Request for ~~oil~~ allowable for the month of July, 1979.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
SEMU Blinebry	104	Blinebry Oil and Gas	State, Federal or Fee	LC031670 b

Location: Unit Letter K ; 1980' Feet From The South Line and 1650' Feet From The West

Line of Section 20 Township 20S Range 38E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	Midland, TX
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	**Address (Give address to which approved copy of this form is to be sent)**
Warren Petroleum	Monument, NM

If well produces oil or liquids, give location of tanks. Unit: C ; Sec.: 18 ; Twp.: 20 ; Rge.: 38 ; Is gas actually connected? Yes ; When: 7-13-79

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	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-24-79	6-9-79	7020'	6760
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3543	Blinebry	5986'	6015

Perforations: 5986, 90, 5804, 19, 22, 28, 49, 62, 57, 50, 63, 71, 78, 65, 55, 29, 40, 45, 60, 6012, 20, 26, 36, 42, 46, 52, 58, 61 ; Depth Casing Shoe: —

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	1385'	1205x
8 3/4"	7"	7020'	2660 sx
	2 3/8	6015	

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-13-79	6-28-79	Flow	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	1075	1525	19/64
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	68	61	1569

GOR 23074 GRAVITY 39.9

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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.

Bren G. Lee
(Signature)

Administrative Supervisor
(Title)

July 20, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG ______, 19____

BY Jerry Sexton

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

AIMOK NCD NMFU(G) LSSS(?) FILE