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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-11
Effective 1-1-65

I.

Operator
Conoco Inc.

Address
Box 460, Hobbs, NM 88240

Reason(s) for filing (Check proper box)
New Well: X
Recompletion:
Change in Ownership:
Change in Transporter of: Oil, Casinghead Gas, Dry Gas, Condensate
Other: Please explain
Request for final 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 Blueby	104	Warren Tubb Oil	State, Federal or Fee	LC-031670-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 X or Condensate	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc, Surface Transportation	Hobbs, New Mexico
Name of Authorized Transporter of Casinghead Gas X 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	18	20	38	Yes	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: X	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-27-79	6-9-79	7020'	6760
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3543	Tubb	6261'	6610

Perforations 6261, 64, 98, 6303, 22, 38, 63, 66, 68, 6446, 70, 93, 96, 90, 99, 6520, 25, 55, 61, 89, 98, 6602, 13, 19, 23, 29, 47, 50, 56, 59, 69

Depth Casing Shoe —

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	9⅝"	1385'	120 sx
8¾"	7"	7020'	2660 sx
	2⅜	6610	

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.)
6-12-79	6-28-79	Flow

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	140	580	38/64

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	183	36	320

GAS WELL — GOR - 1749 Gravity 40.5

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.

(Signature)
Administrative Supervisor
(Title)
July 20, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23, 19
BY Jerry Sexton
TITLE SUPERVISOR DISTRICT I

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

NMOCC (5) NMMEPA (USGS) FILE