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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 1-1-55

I. OPERATOR

Operator CONOCO INC

Address P.O. Box 460, HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter etc. ☐ TO REPORT CONNECTION

Recompletion ☐ Oil ☐ Dry Gas ☐ FOR SALE OF GAS

Change in Transporter ☐ Gashead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name SEMU BURGER "B" 108 BLINEBRY OIL & GAS Kind of Lease LC 031670(b)

Location L 1980 Feet From The SOUTH Line and 330 Feet From The WEST

Line of Section 20 Township 20 S Range 38 E N.M.P.M. 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, TEXAS

Name of Authorized Transporter of Gashead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
WARREN PETROLEUM CO MONUMENT, N.M.

If well produces oil or liquids, give location of tanks. Unit 0 Sec. 18 Twp. 20 Rge. 38 Is gas actually connected? YES When 9-20-79

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 Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.			
Elevations TD, RKB, RT, GR, 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			

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	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 (piston, 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.

Bern D. Lee  
(Signature)  
Administrative Supervisor  
(Title)  
10-24-79  
(Date)  
NMOC(5) - USGS(2) - NMFC(4) - FILE

OIL CONSERVATION COMMISSION

APPROVED 10-19-79, 19  
BY John L. Smith  
TITLE Acting Director

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.

RECEIVED

OCT 26 1979

C.C.D. HOBBS, OFFICE