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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-110  
Effective 1-1-65

I. 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)  
CASINGHEAD GAS MUST NOT BE  
TRANSPORTED  
WITHOUT AN EXCEPTION TO R-4070  
BE OBTAINED.  
If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Semi Blinley Well No. 108 Pool Name, including Formation Blinley Oil Gas Kind of Lease State Lease No. 40031670(b)  
Location  
Unit Letter L 1980 Feet From The South Line and 330 Feet From The West  
Line of Section 20 Township 20S Range 35E , 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 Texas  
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 Co Hobbs New Mexico  
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 18 Twp. 20 Rge. 38 Is gas actually connected? NO When \_\_\_\_\_

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Restv.	<input type="checkbox"/> Diff. Restv.
Date Spudded	<u>6-23-79</u>	Date Compl. Ready to Prod.	<u>8-20-79</u>	Total Depth	<u>6750</u>	P.B.T.D.	<u>N/A</u>	
Elevations (DF, RKB, RT, GR, etc.)	<u>3543</u>	Name of Producing Formation	<u>Blinley</u>	Top Oil/Gas Pay	<u>5860</u>	Tubing Depth	<u>6660</u>	
Perforations	<u>5793 - 6131 (25 holes)</u>					Depth Casing Shoe	<u>6750</u>	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>12 1/4</u>	<u>9 5/8"</u>	<u>1400</u>		<u>570</u>				
<u>8 3/4</u>	<u>7"</u>	<u>6750</u>		<u>2790</u>				
	<u>2 3/8" Blin. Bitting</u>	<u>6149</u>						

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 8-24-79 Date of Test 9-19-79 Producing Method (Flow pump, gas lift, etc.) Pump  
Length of Test 24 Tubing Pressure 300 Casing Pressure \_\_\_\_\_ Choke Size \_\_\_\_\_  
Actual Prod. During Test Oil-Bbls. 16 Water-Bbls. 36 Gas-MCF 35

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.  
Bern A. Lee (Signature)  
Administrative Supervisor (Title)  
9-20-79 (Date)  
OIL CONSERVATION COMMISSION  
APPROVED SEP 21 1979, 19 \_\_\_\_\_  
BY \_\_\_\_\_  
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 completed wells.