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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

Operator: CONOCO, Inc.

Address: PO Box 460, Hobbs, NM

Reason(s) for filing (Check proper box)

New Well [X] Change in Transporter of: Other (Please explain)
Recompletion [ ] Oil [ ] Dry Gas [ ] Request a temporary testing allowable of [illegible] BO [illegible] the month of August
Change in Ownership [ ] Casinghead Gas [ ] Condensate [ ]

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

DESCRIPTION OF WELL AND LEASE

Lease Name: SEMU Tubb [illegible] Tubb [illegible]
Well No., Pool Name, including Formation:
Kind of Lease (State, Federal or Fee): Fed [illegible]

Location
Unit Letter K; 1980 Feet From The South Line and 330 Feet From The West
Line of Section 26 Township 20-S Range 37 E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: CONOCO Inc Surface Transportation [illegible]
Address (Give address to which approved copy of this form is to be sent):

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]:
Address (Give address to which approved copy of this form is to be sent):

If well produces oil or liquids, give location of tanks. Unit: N Sec.: 26 Twp.: 20 Rge.: 37 Is gas actually connected? [illegible] When:

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, 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

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.)	
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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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]
(Signature)

Administrative Supervisor
(Title)

AUG 3, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 4 1979, 19__

BY Orig. Signed by Jerry Sexton

TITLE Dist 1, Supv.

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.