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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 1-1-65

I.

Operator CONCCO INC.	
Address P. O. Box 460, Hobbs, N.M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Respectfully request allowable assignment for this newly completed well.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sema Blinchy	Well No. 103	Pool Name, including Formation Blinchy Oil GAS	Kind of Lease State Federal or Fee	Lease No. LC 031995CA
Location Unit Letter W 1980 Feet From The N Line and 430 Feet From The W				
Line of Section 29 Township 20 S Range 38 E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation	Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Co.	Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit W 29	Sec. 20 S
	Twp. 38 E	Rge. 3-4-80
	Is gas actually connected? Yes	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 1-23-80	Date Compl. Ready to Prod. 2-8-80	Total Depth 6150	P.B.T.D. 6086					
Elevations (DF, RKB, RT, etc.) 3529	Name of Producing Formation Blinchy	Top Oil/Gas Pay 5795	Tubing Depth 6015					
Perforations 5795-6004	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8 5 1/2 2 3/8		DEPTH SET 1432 6150		SACKS CEMENT 675 1758			

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 2-28-80	Date of Test 3-5-80	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test 24 hours	Tubing Pressure 50 p.s.i.	Casing Pressure 50 p.s.i.	Choke Size open
Actual Prod. During Test →	Oil-Bbls. 39	Water-Bbls. 7	Gas-MCF 89

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.

Ben A. Lu

(Signature)
Administrative Supervisor

(Title)
MAR 3 1 1980

(Date)

WMCO (S) 459522, NMFC (4) file

OIL CONSERVATION COMMISSION

APPROVED *APR 1 1980*, 19

BY *James Spitzer*

TITLE *Supervisor*

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

OIL CONSERVATION DIV.

MAR 31 '80

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WELL NAME AND NUMBER: SEMU Blinebry No. 103

LOCATION 1980'FNL & 430'FWL; Sec. 29, T20S, R38E; Lea County, New Mexico
(UNIT, SECTION, TOWNSHIP AND RANGE)

OPERATOR Conoco Inc. CONTRACTOR X-Pert Drilling Corporation

THE UNDERSIGNED HEREBY CERTIFIES THAT HE IS AN AUTHORIZED REPRESENTATIVE OF THE DRILLING CONTRACTOR WHO DRILLED THE ABOVE DESCRIBED WELL AND THAT HE HAS CONDUCTED DEVIATION TESTS AND OBTAINED THE FOLLOWING RESULTS:

DEGREES @ DEPTH	
1/2	302
1/2	600
1/4	900
1/4	1200
1/2	1434
1/2	1700
1	2050
1	2350
1	2650
3/4	2950
3/4	3250

DEGREES & DEPTH	
1/2	3550
3/4	3800
3/4	4100
3/4	4400
1/2	4700
3/4	4878
1/2	5175
1/2	5475
3/4	5792
3/4	6150

DEGREES & DEPTH

BY:

X-PERT DRILLING CORPORATION

Samy League
(REPRESENTATIVE)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 8 DAY OF February, 1980.

Bonnie Lane
NOTARY PUBLIC

Lea COUNTY, N.M.

MY COMMISSION EXPIRES: 3-2-81

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MAR 31 '80

OIL CONSERVATION DIV.