

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc.	
Address P.O. Box 460 Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	This well is now being shown in the SEMU Permian Unit due to its commercial production.
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 SEMU Permian	Well No. 107	Pool Name, including Formation Skaggs Grayburg	Kind of Lease State, Federal or Fee Fed. 92-000321E	Lease No.
Location Unit Letter J ; 2615 Feet From The South Line and 2615 Feet From The East Line of Section 19 Township 20S Range 38E , 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"/> Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 19	Twp. 20	Rge. 38	Is gas actually connected? Yes	When 9-23-81

If this production is commingled with that from any other lease or pool, give commingling order number: PC-250

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 12-19-80	Date Compl. Ready to Prod. 6-12-81		Total Depth 7050'		P.B.T.D. 6375'			
Elevations (LF, RKB, RT, GR, etc.) GL-3543	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3731'		Tubing Depth 3980'			
Perforations Grayburg 3731' - 3933'					Depth Casing Shoe 7048'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	2800'	3692
12-1/4"	9-5/8"	4210'	1460
8-1/2"	7"	7048'	500
	2-3/8"	3980'	

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)

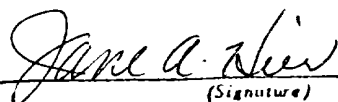
Date First New Oil Run To Tanks 6-13-81	Date of Test 6-29-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 55	Casing Pressure 40	Choke Size Open
Actual Prod. During Test 104	Oil-Bbls. 50	Water-Bbls. 54	Gas-MCF 101

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

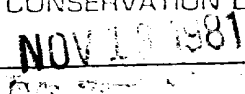
Administrative Supervisor

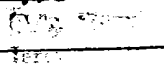
(Title)

11-11-81

(Date)

OIL CONSERVATION DIVISION

APPROVED  , 10

BY 

TITLE

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 deviated 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. Form C-104 must be filed for each pool in multiple.

INCLINATION REPORT

OPERATOR Conoco, Inc. ADDRESS P. O. Box 460
Hobbs, New Mexico 88240
LEASE SEMU Burger WELL NO. 107 FIELD _____
LOCATION Section 19, T20S, R38E Lea County

DEPTH	INCLINATION DEGREE	DISPLACEMENT	DISPLACEMENT ACCUMULATED
258	3/4	3.38	3.38
503	3/4	3.28	6.66
756	1	4.34	11.00
1140	1	6.72	17.72
1367	1/2	1.97	19.69
1780	1	7.23	26.92
2330	1 1/4	11.99	38.91
2514	1 1/2	4.82	43.73
3221	3/4	9.26	52.99
3712	1/2	4.27	57.26
4100	3/4	5.08	62.34
4732	3/4	8.28	70.62
5455	1 3/4	22.05	92.67
6028	1/4	2.52	95.19
7050 TD	1/4	4.50	99.69

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

Cactus Drilling Corporation

By: L. A. Rogers

Title: General Manager

Affidavit:

Before me, the undersigned authority, appeared L. A. Rogers known to me to be the person whose name is subscribed herebelow, who on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

L. A. Rogers
Affiant's signature

Sworn and subscribed to in my presence on this the 9th day of November 1981.

Larry R. Virgin
Notary Public for State of Texas

My Commission Expires:
April 30, 1985