

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc.		Well API No. 30-025-26641
Address 10 Desta Drive Ste 100W. Midland, TX 79705		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) CHANGE LEASE NAME FROM SEMU TUBB TO SEMUKAGGS B. EFFECTIVE SEPTEMBER 1, 1993
If change of operator give name and address of previous operator		

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name SEMUKAGGS B	Well No. 115	Pool Name, including Formation MONUMENT TUBB	Kind of Lease State, Federal or Fee XXXX	Lease No. NM 557686
Location Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 23 Township 20 S Range 37 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"/> CONOCO INC SURFACE TRANSPORTATION	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2587, HOBBS, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM GAS CO	Address (Give address to which approved copy of this form is to be sent) 4001 PENROSE, ODESSA, TX. 79762					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 23	Twp. 23S	Rge. 37E	Is gas actually connected? YES	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)	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, R', 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.)

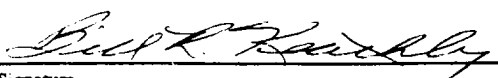
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

##### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

#### VI. OPERATOR 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 BILL R. KEATHLY SR. REGULATORY SPEC.

Printed Name 10-14-93 Title 915-686-5424

Date Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved 001 27 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

#### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.