

OIL CONSERVATION DIVISION
P. O. BOX 2048
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
CONOCO INC.	
Address P. O. Box 460, Hobbs, N.M. 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
I change of ownership give name and address of previous owner _____	

Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
PLUMBED AGAIN 10/1/80
UNLESS AN EXCEPTION TO RULE 111
IS OBTAINED from U.S.D.S.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name SEMU Eumont	Well No. 111	Pool Name, Including Formation Eumont Queen	Kind of Lease State, Federal or Fee NM 0557686
Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>S</u> Line and <u>2310</u> Feet From The <u>W</u> Line of Section <u>26</u> Township <u>20S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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 Trans.	Address (Give address to which approved copy of this form is to be sent) Hobbs
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) Hobbs
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>26</u> Twp. <u>20</u> Rge. <u>37</u>	Is gas actually connected? <u>no</u> 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 <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't. <input type="checkbox"/> Diff. <input type="checkbox"/>		
Date Spudded 6-4-80	Date Compl. Ready to Prod. 7-13-80	Total Depth 3805'	P.B.T.D. 3759'
Elevations (DF, RKB, RT, GR, etc.) GL 3505'	Name of Producing Formation Eumont Queen Gas	Top Oil/Gas Pay 3525'	Tubing Depth 3511'
Perforations 3525' - 3728'			Depth Casing Shoe 3805'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 3/8"	DEPTH SET 1270'	SACKS CEMENT 25
7 7/8"	5 1/2"	3805'	200
	2 3/8"	3511'	

V. 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)

Date First New Oil Run To Tanks 7-15-80	Date of Test 7-21-80	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 100 psi	Casing Pressure 25	Choke Size 32/64"
Actual Prod. During Test 19	Oil-Bbls. 16	Water-Bbls. 3	Gas-MCF 266

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.

Jane G. Lin
(Signature)

Administrative Supervisor

(Date)
AUG 25 1980

N.M.O.C.D.-5
U.S.D.S.-2

N.M.F.U.-4
F.I.L.-1

OIL CONSERVATION DIVISION SEP 15 1980	
APPROVED _____	19 _____
BY _____	
TITLE <u>SUPERVISOR</u>	

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 deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.