

P. O. BOX 2038

SANTA FE, NEW MEXICO 87501

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
FACRATION OFFICE		
Operator		

CONOCO INC.

ADDRESSES

P. O. Box 460, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>
Recompletion	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>

Change in Transporter of:

Oil

Dry Gas

### Casinghead Gas

Condensate

Other (Please explain)

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## 1. DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE				Kind of Lease	Lease No.
Lease Name	Well No.	Pool Name, Including Formation	State, Federal or Fee		
SEMU Eumant	110	Eumant Queen Gas	NM	0557686	
Location					
Unit Letter		Feet From The	Line and	Feet From The	
K	1650	S	1650	W	
Line of Section	Township	Range	, NMPM, Lea		County
23	20S	37E			

### I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)		
Conoco Inc. Surface Transport.				Hobbs		
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				Hobbs		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	23	20	37	no	

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

### 7. COMPLETION DATA

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. F.
Designate Type of Completion - (X)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded 5-28-80	Date Compl. Ready to Prod. 7-4-80	Total Depth 3800'					P.B.T.D. 3722'		
Elevations (DF, PAB, RT, GR, etc.) GL 3525'	Name of Producing Formation Elsment Queen Gas	Top Oil/Gas Pay 3551'					Tubing Depth 3500'		
Perforations 3-2 1/2" x 3621'						Depth Casing Shoe 3800'			

## TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1300'	65
7 7/8"	5 1/8"	3800'	500
	2 3/8"	3500'	

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)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks 7-5-80	Date of Test 7-16-80	Flow	
Length of Test 24	Tubing Pressure 100 psi	Casing Pressure 25 psi	Choke Size 32/64"
Actual Prod. During Test 10	Oil-Bbls. 10	Water-Bbls. 0	Gas-MCF 323

## GAS WELL

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

**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 A. Lee  
(Signature)

**Administrative Supervisor**

(Title)  
AUG 25 1980

(Date)

NMACD-5  
USG, S-2

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File - 1

OIL CONSERVATION DIVISION

APPROVED

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 III.

All sections of this form must be filled out completely for all  
cbls 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 Form C-104 must be filed for each pool in multiple completed wells.