

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PROMOTION OFFICE	

Operator  
Conoco Inc.

Address  
P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

DESCRIPTION OF WELL AND LEASE

Lease Name Skaggs B	Well No. 7	Pool Name, including Formation Skaggs Drinkard	Kind of Lease State, Federal or Fee LC-031620(B)	Lease No.
Location Unit Letter <u>B</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>20S</u> Range <u>37E</u> , NMPM, Lea County				

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)
Shell Pipeline Company	P. O. Box 1910 Midland, Texas 79702
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 Company	P. O. Box 67, Monument, New Mexico 88265
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
C 12 20S 37E	Yes 7-24-84

If this production is commingled with that from any other lease or pool, give commingling order number: PC-145

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'v. <input type="checkbox"/>	Diff. R. <input type="checkbox"/>
Date Spudded 4-15-84	Date Compl. Ready to Prod. 6-28-84	Total Depth 7503'	P.B.T.D. 7452'					
Elevations (DF, RKB, RT, CR, etc.) 3579.6 GL	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6692'	Tubing Depth 6985'					
Perforations 6692' - 6759', 6787' - 6939' Drinkard			Depth Casing Shoe 7500'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	1475'	1170 Sx.
8-1/2"	7"	7500'	3031 Sx.
	2-3/8"	6985'	

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 24 hours for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6-19-84	Date of Test 7-22-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 65	Oil-Bbls. 55	Water-Bbls. 10	Gas-MCF 259

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

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.

*David J. Smylie*  
(Signature)

Administrative Supervisor  
(Title)

September 7, 1984  
(Date)

OIL CONSERVATION DIVISION

SEP 11 1984

APPROVED \_\_\_\_\_, 10 \_\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device 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 own well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

RECEIVED

SEP 10 1984

C.C.D.  
HOBBS OFFICE

CONOCO INC.

P. O. Box 460  
Hobbs, New Mexico

New Mexico Oil Conservation Division  
P. O. Box 1980  
Hobbs, New Mexico 88240

Gentlemen:

In compliance with New Mexico Oil Conservation Division  
Rule III, we are submitting below a list of deviation surveys taken  
on Conoco Inc. Skaggs B No. 7,  
located Unit B Section 12, Township 20S, Range 37E,  
Lea County, New Mexico.

<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>
<u>250'</u>	<u>1/4°</u>	<u>2613'</u>	<u>1-1/4°</u>	<u>5349'</u>	<u>3/4°</u>
<u>493'</u>	<u>1/2°</u>	<u>2864'</u>	<u>3/4°</u>	<u>5589'</u>	<u>1/2°</u>
<u>756'</u>	<u>3/4°</u>	<u>3104'</u>	<u>3/4°</u>	<u>5860'</u>	<u>1/2°</u>
<u>1147'</u>	<u>1-1/2°</u>	<u>3405'</u>	<u>1°</u>	<u>6066'</u>	<u>3/4°</u>
<u>1337'</u>	<u>1-1/2°</u>	<u>3646'</u>	<u>1°</u>	<u>6321'</u>	<u>1°</u>
<u>1446'</u>	<u>1-3/4°</u>	<u>3863'</u>	<u>1/2°</u>	<u>6571'</u>	<u>3/4°</u>
<u>1475'</u>	<u>2-1/4°</u>	<u>4115'</u>	<u>3/4°</u>	<u>6830'</u>	<u>1°</u>
<u>1563'</u>	<u>2°</u>	<u>4356'</u>	<u>3/4°</u>	<u>7070'</u>	<u>3/4°</u>
<u>1811'</u>	<u>2°</u>	<u>4596'</u>	<u>1/4°</u>	<u>7401'</u>	<u>3/4°</u>
<u>2051'</u>	<u>1-3/4°</u>	<u>4846'</u>	<u>3/4°</u>	<u>7500'</u>	<u>1-1/4°</u>
<u>2382'</u>	<u>1-1/4°</u>	<u>5108'</u>	<u>3/4°</u>		

Yours very truly,

*David J. Smyth*

Subscribed and sworn to before me, a Notary Public, in and for Lea County,  
New Mexico, this 7<sup>th</sup> day of September, 19 84.

9-12-87  
My Commission Expires

*Rosa E. Jones*  
Notary Public

RECEIVED

SEP 10 1984

O.C.D.  
HOBBS OFFICE