

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
PHS	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

Operator

Conoco Inc.

Address

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

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

Change of name from SEMU Abo Drinkard
to SEMU Burger B.If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name SEMUR Burger B	Well No. 121	Pool Name, including Formation Skaggs Drinkard	Kind of Lease State, Federal or Fee LC-031670B	Lease No.
Location				
Unit Letter N	: 660	Feet From The South	Line and 2310	Feet From The West
Line of Section 18	T. 20S	Range 38E	N.M.P.M.	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"/> Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79702			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 67, Monument, New Mexico 88265			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 18	Twp. 20S	Rge. 38E
Is gas actually connected?		When		
Yes		6-17-86		

If this production is commingled with that from any other lease or pool, give commingling order number: PC-712

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 Reservoir	Drill. H
Date Spudded 5-29-85	Date Compl. Ready to Prod. 9-7-85		Total Depth 7923'		P.B.T.D. 7720'			
Measurements (DF, RKB, RT, CR, etc.) 3553' GR.	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6638'		Tubing Depth 6881'			
Perforations 6638' - 6884'					Depth Casing Shoe 7923'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	1382'	1270 Sx.
12-1/4"	9-5/8"	4110'	916 Sx.
8-3/4"	7"	7923'	1617 Sx.

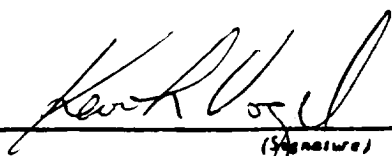
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top -
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9-7-85	Date of Test 6-21-86	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 280 psi	Casing Pressure	Choke Size 25/64"
Actual Prod. During Test 64	Oil - Bbls. 12	Water - Bbls. 52	Gas - MCF 443

GAS WELL

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

Administrative Supervisor

(Title)
June 23, 1986

OIL CONSERVATION DIVISION

APPROVED JUN 25 1986, 19BY ORIGINAL SIGNED BY JERRY TAYLOR
DISTRICT I 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 deepen
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
operator, transporter, or transporter of other such change of conditions.