

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Conoco Inc.

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

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:  
Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

We respectfully request a test allowable  
of 1200 BO for the month of October 1985.

change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name SEMU Abo Drinkard	Well No. 121	Pool Name, including Formation Skaggs Drinkard	Kind of Lease State, Federal or Fee LC-031670B	Lease No.
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Location  
Unit Letter N : 660 Feet From The South Line and 2310 Feet From The West

Line of Section 18 Township 20S Range 38E NMPM Lea Count

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 type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

Does well produce oil or liquids, give location of tanks.	Unit 0	Sec. 18	Twp. 20S	Rge. 38E	Is gas actually connected? No	When
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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	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Drill. H
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Revisions (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Formations	6638' - 6886' Drinkard			Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

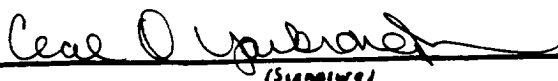
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing 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.

  
(Signature)

Administrative Supervisor

(Title)

October 21, 1985

OIL CONSERVATION DIVISION

APPROVED OCT 23 1985, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 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 ow  
operator or other such change of owner.