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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NIM 88240

## State of New Mexico mergy, Minerals and Natural Resources Depar mit

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Astenia, NM 88210

**OIL CONSERVATION DIVISION** 

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

Santa Fe, New Mexico 87504-2088

I.					BLE AND L AND NA								
Conoco Inc.								Well API No. 30-025-07850					
Address 10 Desta Drive S	te 100W	, Midl	and,	TX 7	9705	•			00 020 (	27000			
Reason(s) for Filing (Check proper box)			· · · · · · · · · · · · · · · · · · ·		Oi	her (Piease	expla	in)		···			
New Well Recompletion	Oil	Change in	Transpo Dry Ga										
Change in Operator	Casinghea		Conde	_	EF	FECTIV	E N	OVEMBE	R 1 199	3			
If change of operator give name and address of previous operator													
II. DESCRIPTION OF WELL	AND LEA	ASE								1			
Lease Name WARREN UNIT MCKEE	Well No. Pool Name, Includ							of Lease Lease					
Location		- <b>1</b>	WARI	REN MCI	KEE	<u> </u>		.30	Federal or Pe		C 03169	)5A	
Unit Letter	198	0	Feet Fr	om The	SOUTH Lie	se and	66	0 <b>F</b>	eet From The	WEST		Line	
Section 29 Section Townshi	20	S	Range	38	BE N	MPM,	LE.	Α			Cour		
						7411 141 <sup>7</sup>					Cour	цу	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conden	ماده		RAL GAS Address (Gir	ve address	lo whi	ch approve	l copy of this ;	orm is to	be sent)		
EOTT OIL PIPELINE CO.	TXXEC)		2.10.9	<del>ly P</del> ipeil	JP.O. B	OX 466	6,	HQUSTO	N, TX.	7210-	4666		
Name of Authorized Transporter of Casing WARREN PETROLEUM CORP			DE DIY	<b>6.4</b> - [-5]				ch <i>approve</i> ONUMEN	Copy of this p		be sent)		
If well produces oil or liquids,	Unit		Тер	Rge.	is gas actuali	y connecte		V/her		10200			
of this production is commingled with that		29	20S	138E	YE:					· <del>······</del>			
IV. COMPLETION DATA				• consisting	nag orom man								
Designate Type of Completion	- (X)	Oil Well	G	ias Well	New Well	Workow	#   	Deepis	Plug Back	Same Re	ı'v Diff R	es'v	
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth				P.B.T.D.				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth				
erforations									Depth Casing Shoe				
HOLE SIZE	TUBING, CASING AND			CEMENTING RECORD DEPTH SET				1	NACKO O	FLIFAT			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET					SIACKS CEMENT				
V. TEST DATA AND REQUES OIL WELL (Test must be after re				9 4			.,,	-11- 6 41	- d db b	r- 4.11.34	t		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		f load of	i and mich	Producing Me				<del></del>	OF JUL 24	NOISTS.)		
County of Total				<u> </u>	Corina Prose	<del></del>			Choke Size		***************************************		
Length of Test	Tubing Pressure			Casing Pressure									
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.				Gas- MCF	Gas- MCF				
GAS WELL					<u> </u>				<u>.                                    </u>		<u></u>		
Actual Prod. Test - MCF/D	Length of T	est		<del></del>	Bbls. Conden	ente/MMCI			Gravity of C	ondensale			
					Casing Pressure (Shus-in)				Choke Size				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Cating Pressure (Sala-la)				CHOKE SIZE		: :			
VL OPERATOR CERTIFICA	ATE OF	COMPI	LIAN	CE			2015		NOTION!!	717/10	10:1		
I hereby certify that the rules and regular Division have been complied with and ti						JIL UC	JNS		ATION I	_			
is true and complete to the best of my in			i above		Date	Approv	ved		NOV 05	1993			
Biette	رمد	Q.				• •							
Signature BILL R. KEATHLY SR. STAFF ANALYST					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR								
Printed Name			Title	·····	Title		いろげ	actii su	PERVISOR		114		
10-29-93 Date	915-	<b>-</b> 686-54	<b>124</b>		inie.						ı		
2-400		r erebi	bone No	١.	H								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Rottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.	TOTA	IANSPORT O	IL AND NA	TURAL G	AS								
Operator Conoco Inc.					Well	API No.							
Address 10 Desta Drive S	Th- 1000 M: 1	1 1 my 77	20505			<u>30-025-0</u>	7850						
Reason(s) for Filing (Check proper box)	ste loom, mid	land, IX /	9705										
New Well	Change:	in Transporter of:	∐ Oth	et (Please exp	lain)								
Recompletion	Oil XX	Dry Gas	]										
Change in Operator If change of operator give name	Casinghead Gas	Condensete	EF1	FECTIVE	NOVEMBE	R 1 1993							
and address of previous operator							·····						
II. DESCRIPTION OF WELL			· · · · · · · · · · · · · · · · · · ·										
WARREN UNIT MCKEE	Well No	ding Formation KEE			of Lease , Federal or Fe	. 1	.case No.						
Location	· · · · · · · · · · · · · · · · · · ·				XXXX	l LC	031695A						
Unit Letter	_ :1980	_ Feet From The _	SOUTH Line	e and6	<u>60                                    </u>	eet From The .	WEST	Line					
Section 29 Towash	<sub>d<b>p</b></sub> 20 S	Rance 38	8 E . NA	MPM. L	EA			County					
III DECICNATION OF TRAIN			<del></del>	· · · · · · · · · · · · · · · · · · ·				County					
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	on Condo			e address to w	hick approve	d come of this fo	is to be a						
	BOTT OIL PIPELINE CO. (ÉEC)				Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4666, HOUSTON, TX. 77210-4666								
Name of Authorized Transporter of Casin WARREN PETROLEUM CORF		or Dry Gas	Address (Give	e address to wi	hick approve	a copy of this fo	rm is to be se	ent)					
If well produces oil or liquids,	Unit Sec.	Twp. Rge.			MONUMEN	T, NM. 8	8265						
give location of tanks.	0 29	20S   38E	YES	5									
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	r pool, give comming	jing order sumb	er:									
	Oil Wel	I Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v					
Designate Type of Completion  Date Spudded	Date Compl. Ready to	O Prod	Total Depth	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	<del></del>	<u> </u>					
	Comp. Romy					P.B.T.D.							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	ormation	Top Oil/Gas P	ay		Tubing Depth							
Perforations				Depth Casing Shoe									
						<u> </u>	······································						
HOLE SIZE	TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE			IG RECORI DEPTH SET	D	SACKS CEMENT							
	Unditte the			DEP IN SET		SACKS CEMENT							
	<del> </del>												
. TEST DATA AND REQUES			<u> </u>			<u> </u>							
OIL WELL (Test must be after no Date First New Oil Run To Tank	Date of Test	of load oil and must	be equal to or e				r full 24 hour	rs.)					
					· + , 3 · · y · , -								
Length of Test	Tubing Pressure	Casing Pressure	•		Choke Size								
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.			Gas- MCF								
			<u> </u>		<u></u>								
GAS WELL Actual Prod. Test - MCF/D	A Company of Page		Inch 2	A.P. 744				**					
MANUSE FIRST 1996 - NEW TILL	Length of Test		Bbis. Condense	INVMMCF		Gravity of Condensate							
esting Method (pilot, back pr.)	Tubing Pressure (Shut	-in)	Casing Pressure	e (Shut-in)	<del></del>	Choke Size							
/I ODED A TOD CORD	1 CT CT CT			· · · · · · · · · · · · · · · · · · ·									
I. OPERATOR CERTIFIC.  I hereby certify that the rules and regula			} o	IL CON	SERVA	ATION D	IVISIO	N					
Division have been complied with and to is true and complete to the best of my k	hat the information give	en above				NOV 05	1993						
	_		Date /	Approved	l	101 00	1000	<del></del>					
But La	ally	-		OBIGINAL .	CI@8:5								
Signature BILL R. KEATHLY	SR. STAFF AN	IALYST	By	DIST	RICT I SU	Y JERRY SEXTON PERVISOR							
Printed Name 10+39-93	915-686-5	Title											
Date		phone No.					;						

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M. M. O. J. 1993

GPFICS.