

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 OFFICE COPIES	
DISTRIBUTION	
STATE FILE	
FED. FILE	
U.S. FILE	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION 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 type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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 _____
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Britt B	10	Weir Drinkard R-77/4	State, Federal or Fee LC-031621B	

Location	Unit Letter	Feet From The	Line and	Feet From The	County
	F	1980	North	1980	West
	Line of Section	T. Township	Range	NMPM,	Lea
	15	20S	37E		

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)
Arco Pipeline Company	P. O. Box 1190, 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 Corp.	P. O. Box 67, Monument, New Mexico 88265
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit: E Sec: 15 Twp: 20S Rge: 37E	Yes 5-26-84

(If this production is commingled with that from any other lease or pool, give commingling order number: PC-33)

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. h
	X							X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2-1-60	5-26-84	6980'	6881'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3555' DF	Drinkard	6642'	6845'					
Perforations			Depth Casing Shoe					
6642'-6851' Drinkard			6979'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	341'	400 Sx
12-1/2"	9-5/8"	3999'	2200 Sx
8-3/4"	7"	6979'	370 Sx
	2-7/8"	6845'	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-8-84	7-23-84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
36	4	32	209

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pump, 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. Smyth
(Signature)

Administrative Supervisor
(Title)August 27, 1984
(Date)OIL CONSERVATION DIVISION
AUG 30 1984

APPROVED _____, 19

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 deepened 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 owner, 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.