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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

I. Operator
Conoco Inc.
Address
P.O. Box 460 Hobbs, NM 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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Warren Unit Tubb Btry 4	Well No. 10	Pool Name, including Formation Warren Tubb	Kind of State, E
Location Unit Letter B ; 660 Feet From The N Line and 2130 Feet Line of Section 28 Township 20 Range 38 , NMPM, Le			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which P.O. Box 2587, Hobb
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum	Address (Give address to which P.O. Box 1589, Tuls
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. E 27 20 38	Is gas actually connected? Yes

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen
Date Spudded	Date Compl. Ready to Prod.	Total Depth			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			
Perforations					
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of allowable for this depth or be for full 24 hours)

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

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jane A. Lier
(Signature)

Administrative Supervisor

(Title)

March 17, 1981

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed
If this is a request for a well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleting.
Fill out only Sections I, II, III, and VI for changes of owner, transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

ATION COMMISSION

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BY

compliance with RULE 1104.
allowable for a newly drilled or deepened well by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
must be filled out completely for allowable on new and recompleting.
I, III, and VI for changes of owner, transporter, or other such change of condition.
must be filed for each pool in multiply completed wells.