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

State of New Mexico nergy, Minerals and Natural Resources Depart

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

I.	REC	DEST P TO TR	FOR A	LLOWA ORT O	ABLE AND	AUTHOF ATURAL C	RIZATION BAS	ł		
Operator Conoco Inc.								I API No.		
Address								30-025-	07853	
10 Desta Drive	Ste 100	OW. Mid	land,	TX 7	79705					
Reason(s) for Filing (Check proper box)					Q	her (Please exp	lain)	 		
New Well			а Тлаверс							
Recompletion	Oil		Dry Ga		r r	מונז זי וושרעמומו ה	MOUELO	7D 1 100	0	
Change in Operator If change of operator give name	Casingh	ced Gas	Conde			FECTIVE	NOVEMBI	r 1 199	3	
and address of previous operator										
II. DESCRIPTION OF WELL Lease Name	AND LI		D 1 32							
WARREN UNIT MCKEE		Well No.	l l	ren mo	ing Formation		1 -	l of Lease L. Federal or Fe	_ 1	LEEM NO.
Location			T MATO	TEN IIC	ALB	·		* XXXX	- I LC	031695B
Unit Letter	<u> </u>	660	_ Feet Fre	om The _	SOUTH Lie	s and1	980	est From The	WEST	Line
29	_ 2	20 S	_	. 3	8 E N	T				
Section Townshi	<u> </u>	.0 0	Range	(,	O B ,N	MPM,	<u>EA</u>			County
III. DESIGNATION OF TRAN	SPORT	ER OF O	IL ANI) NATL	IRAL GAS					
Name of Authorized Transporter of Oil EOTT OIL PIPELINE CO.			relay i	icelin.	Address (Gi	ve address to w	hick approve	d copy of this	orm is to be s	ent)
		Effe	Ctive 4	1.04	<u> </u>	OX 4666,			77210-46	
Name of Authorized Transporter of Casin	_	\triangle	or Dry	Jes		e address to w				ent)
WARREN PETROLEUM CORF If well produces oil or liquids,	Unit	Sec	Twp.) B		BOX 67,			38265	
pive location of tanks.	10	1 29	Twp. Rgs. 205 38E		. Is gas actually connected? When YES			1 7		
f this production is commingled with that	from any of	ther lease or								
IV. COMPLETION DATA	·					·				
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Despen	Plug Back	Same Res'v	Diff Res'v
Date Spudded		ipl. Ready to	Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producing Fo	omation		Top Oil/Gas Pay			Tubing Depth Depth Casing Shoe		
Perforations	<u> </u>									
									.	
		TUBING,	CASIN	G AND	CEMENTI	NG RECOR	D			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	l				 					
		· · · · ·			 			-		
								<u> </u>		
. TEST DATA AND REQUES	T FOR A	ALLOW!	BLE		·			<u> </u>		
OIL WELL (Test must be after re			of load oil	and must	,				or full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lift, at			HC.)			
ength of Test Tubing Pressure				Casing Pressure			Choka Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			

GAS WELL

GAS WELL						
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MIMCF	Gravity of Condensate	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shist-in)	Casing Pressure (Shut-in)	Choke Size			

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

d	Bice	1 Les	عك	cly	•	
	BILL R.					_
Printed 1()-2	Name :9-98			915 -68 6	Tide 3-5424	_
Date			Telephose No.			

OIL CONSERVATION DIVISION

Date Approved ____NOV 0.5 1993

By AMGINAL CIGHTO AT JURRY SEXTON DEBRICE ESTINGENISON Title.

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.