

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

**OIL CONSERVATION DIVISION**  
 P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Comoco Inc. Well API No. 20-025-07875

Address 10 Desta Dr. STE 100 W, Midland Tx 79705

Reason(s) for Filing (Check proper box)  
 New Well   Other (Please explain) Changelease Name  
 Recompletion  Change in Transporter of:  
 Change in Operator  Oil  Dry Gas   
 Casinghead Gas  Condensate

If change of operator give name and address of previous operator

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Warren Un. Bline/Tubb WA</u>	Well No. <u>15</u>	Pool Name, including Formation <u>ABlinebry/Tubb Oil + Gas</u>	Kind of Lease State, Federal or Fee	Lease No. <u>LC 031675B</u>
Unit Letter <u>P</u>	<u>660</u>	Feet From The <u>S</u>	Line and <u>660</u>	Feet From The <u>E</u>
Section <u>33</u>	Township <u>20 S</u>	Range <u>38 E</u>	County <u>Lea</u>	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <u>Shell Pipeline</u>	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1910, Midland Tx 79702</u>				
Name of Authorized Transporter of Casinghead Gas <u>Warren Petroleum Co.</u>	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 67 Monument, N.M. 88265</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>33</u>	Twp. <u>20 S</u>	Rge. <u>38 E</u>	Is gas actually connected? <u>Yes</u>	When? <u>6-1-91</u>

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	Plug Back	Same Res'v	Diff Res'v
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe				
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 load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	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

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puoc, back pr.)	Tubing Pressure (Shut-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 complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Bill R. Keathly  
 Printed Name Bill R. Keathly Sr. Staff Analyst Title  
12-10-91 Date 915-686-5424 Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_  
 By \_\_\_\_\_  
 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.