

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION 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

Operator Covoco Inc.

Address PO Box 460 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE E Well No., Pool Name, including Formation R-6328 10 LANGLEY DEVONIAN (GAS) Kind of Lease State, Federal or Fee Lease No. B-1356

Location

Unit Letter 0; 660 Feet From The SOUTH Line and 1980 Feet From The EAST

Line of Section 17 Township 22-S Range 36-E, NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) PO Box 2587, Hobbs

Covoco Surface Transportation

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) PO Box 1492 El Paso, TX

WARREN Petroleum Co.

If well produces oil or liquids, give location of tanks. Unit 0 Sec. 17 Twp. 22-S Rge. 36-E Is gas actually connected? YES When 3/14/80

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.
		X	X					
Date Spudded <u>10/3/79</u>	Date Compl. Ready to Prod. <u>3/11/80</u>	Total Depth <u>15,599'</u>	P.B.T.D. <u>15,524</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3557 GR</u>	Name of Producing Formation <u>DEVONIAN</u>	Top Oil/Gas Pay <u>12,409</u>	Tubing Depth <u>12,386</u>					
Perforations <u>12,409 - 12,639</u>	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>1397'</u>	<u>1210</u>
<u>12 1/4"</u>	<u>9 5/8"</u>	<u>6461'</u>	<u>850</u>
<u>8 3/4"</u>	<u>7"</u>	<u>15,562'</u>	<u>1435</u>
	<u>2 3/8"</u>	<u>12,386</u>	

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 Tanks	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 <u>984</u>	Length of Test <u>24 hrs</u>	Bbls. Condensate/MCF MCF <u>27</u>	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Flowing</u>	Tubing Pressure (6 shut-in) <u>650</u>	Casing Pressure (6 shut-in)	Choke Size <u>40/64"</u>

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. Heis
(Signature)

Administrative Supervisor

MAR 24 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY [Signature]
TITLE SUPERVISOR DISTRICT

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 deviated 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 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 condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

NMOCD(6) file



RECEIVED
HOBBS DIVISION

FEB 27 '80 FORSTER DRILLING CO., INC.

5502 W INDUSTRIAL
P O BOX 3526
MIDLAND TEXAS 79702

AREA 1111
697 3166
563 0221

	Rate	Rate	Rate
Div. Manager			
Asst. Div. Man'g'r			
L.V. Engr.			
Cons'g. Coord.			
Supv. Prod. Lnc.			
Supv. Resv. Lnc.			
Prod. Supt. - H			
Prod. Supt. - F			
Gen. Supv. - APM			
Adm. Supv. - SES			
Supv.			
Eng. Coord.			

INCLINATION REPORT

OPERATOR:

Conoco, Inc.
1001 N. Turner
Hobbs, New Mexico 88240

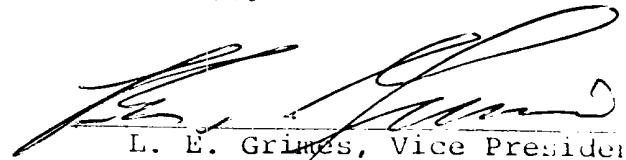
LOCATION:

State E No. 10
Lea County, New Mexico

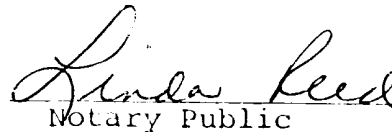
DEPTH FEET	INCLINATION DEGREES	DEPTH FEET	INCLINATION DEGREES	DEPTH FEET	INCLINATION DEGREES
100	1/4	6300	1	13,510	7 1/2
319	1/4	6800	1 3/4	14,000	7 1/2
500	1/4	7268	2	14,500	9 3/4
692	1/4	7768	1 1/4	14,948	11
890	1/4	8268	1	15,448	11
1180	1 1/2	8768	1 1/4	15,599	11
1281	1 1/2	9200	1 1/4		
1710	1	9700	1 1/4		
1960	1 1/4	10,200	1 1/2		
2455	3/4	10,548	1 1/2		
2900	3/4	11,048	1 3/4		
3400	3/4	11,423	1 3/4		
3900	1	11,923	2		
4400	1	12,020	2 1/4		
4900	1	12,350	2 1/4		
5300	1	12,734	3		
5800	1	13,210	3		

COUNTY OF ECTOR
STATE OF TEXAS

The undersigned states that he has knowledge of the facts and matter herein set forth and that the same are true and correct.


L. E. Grimes, Vice President

SUBSCRIBED AND SWORN TO BEFORE ME THIS 25th DAY OF February 1980


Linda Reed
Notary Public

My Commission Expires: