

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

Corrected Report

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc.		Well API No. 30-025-30946
Address 10 Desta Drive STE 100 W. Midland, TX 79705		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> CORRECTED REPORT Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE A-2A	Well No. 6	Pool Name, including Formation SKAGGS DRINKARD	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. B 2656
Location Unit Letter <u>0</u> : <u>330</u> Feet From The <u>SOUTH</u> Line and <u>1650</u> Feet From The <u>EAST</u> Line Section <u>2</u> Township <u>20 S</u> Range <u>37 E</u> , NMPM, <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> CONOCO SURFACE TRANSPORTATION	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2587, HOBBS, NEW MEXICO 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1589, TULSA, OKLA. 74102					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 2	Twp. 20S	Rge. 37E	Is gas actually connected? YES	When? 2-14-91

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-9-90	Date Compl. Ready to Prod. 2-14-91		Total Depth 7050		P.B.T.D. 6972			
Elevations (DF, RKB, RT, CR, etc.) KB 3615, GL 3597	Name of Producing Formation DRINKARD		Top Oil/Gas Pay 6684		Tubing Depth 6646			
Performances 6684 - 6928					Depth Casing Shoe 6972			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17 1/2	CASING & TUBING SIZE 13 3/8		DEPTH SET 1448		SACKS CEMENT 1200			
7 7/8	7		6972		2520			

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 2-14-91	Date of Test 2-15-91	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure NA	Casing Pressure NA	Choke Size NA
Actual Prod. During Test 304	Oil - Bbls. 184	Water - Bbls. 120	Gas - MCF 200

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. 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.

Bill R. Keathly
Signature
BILL R. KEATHLY, SR. REGULATORY SPEC.
Printed Name
5-18-92
Date
915-686-5424
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 22 1992

By FOR RECORD ONLY

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.

Amended Report

100-20-1000

RECEIVED

MAY 21 1992

100-20-1000