

CO. OR OTHER OFFICE	
DISTRICT	
SANTA FE	
FILE	
U.S.D.	
LOCAL OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
PERMITS OFFICE	
COPY	

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Conoco Inc.

Address

P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Britt "B"	9	Cass Penn	State, Federal or Fee LC-031621(b)	

Location

Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East

Line of Section 15 Township 20S Range 37E , NMPM Lea Court

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc. Surface Transportation	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"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	P. O. Box 1197, Eunice, New Mexico 88231
Well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
E 15 20S 37E	Yes 9-1-88

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v. <input type="checkbox"/> Drill H <input checked="" type="checkbox"/>		
Date Spudded 12-4-56	Date Compl. Ready to Prod. 8-29-88	Total Depth 8536'	P.B.T.D. 7752'
Revisions (DF, RKB, RT, GR, etc.) 3553'	Name of Producing Formation Strawn	Top Oil/Gas Pay 7700'	Tubing Depth 7683'
Perforations 7700' - 7710'			Depth Casing Shoe 7752'

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/4"	13-3/8"	319'	300 Sx.
12-1/4"	9-5/8"	3999'	3430 Sx.
8-3/4"	7"	7752'	675 Sx.
	2-7/8"	7683'	

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)

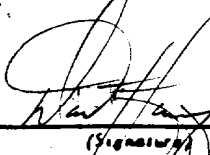
Date First New Oil Run To Tanks 8-29-88	Date of Test 10-30-88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Chase Size
Fluid Prod. During Test 327	Oil-Basis 9	Water-Basis 318	Gas-MCF 18

## GAS WELL

Fluid Prod. Test-MCF/D	Length of Test	Basis. Condensate/MCF	Gravity of Condensate
Producing Method (pump, gas lift, etc.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Chase Size

## 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 is true and complete to the best of my knowledge and belief.



D. F. Finney

Administrative Supervisor

11-16-88

(Date)

## OIL CONSERVATION DIVISION

DEC 19 1988

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

RECEIVED  
NOV 17 1988  
OCD  
HOBBS OFFICE

**NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

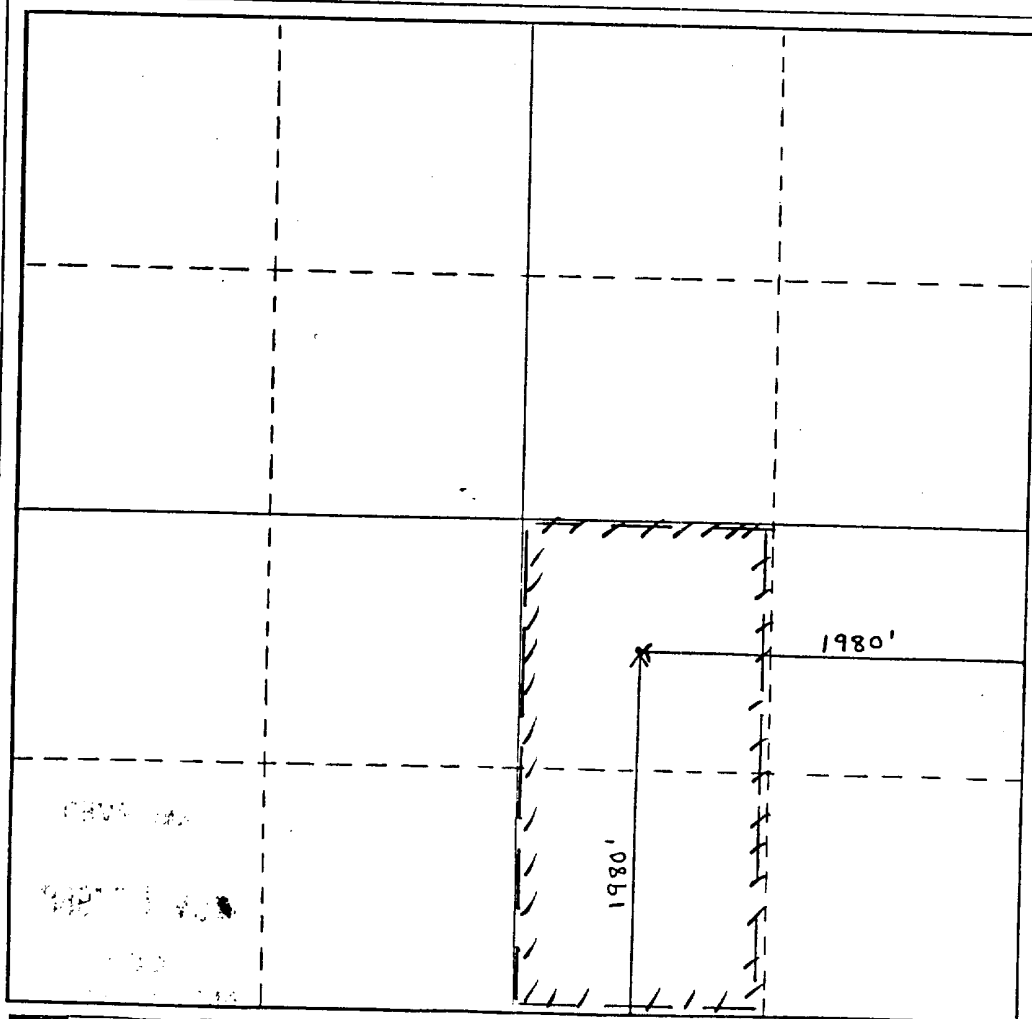
Operator <b>Conoco Inc.</b>			Lease <b>Britt B</b>			Well No. <b>9</b>		
Unit Letter <b>J</b>	Section <b>15</b>	Township <b>20S</b>	Range <b>37E</b>	County <b>Lea</b>				
Actual Footage Location of Well: <b>1980</b> feet from the <b>South</b> line and <b>1980</b> feet from the <b>East</b> line								
Ground Level Elev. <b>3553'</b>	Producing Formation <b>Strawn</b>		Pool <b>Cass Penn</b>			Dedicated Acreage: <b>80</b> Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes   ☐ No   If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



**CERTIFICATION**

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*[Signature]*  
Name **D.F. Finney**  
Position **Adm. Supervisor**  
**Conoco Inc**  
Company  
**11/11/88**  
Date

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed \_\_\_\_\_

Registered Professional Engineer  
and/or Land Surveyor

Certificate No. \_\_\_\_\_

