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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Conoco Inc. Well API No. 30-025-06109

Address 10 Desta Drive Ste 100W, Midland, TX 79705

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

New Well ☐ Change in Transporter of:  
Recompletion ☒ Oil ☐ Dry Gas ☐  
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name  
and address of previous operator

Cancel Cass Penn

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>BRITT B</u>	Well No. <u>10</u>	Pool Name, including Formation <u>EUMONT YATES 7 RVRS QUEEN</u>	Kind of Lease State, Federal or Fee <u>XXXX</u>	Lease No. <u>LC 031621B</u>
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>15</u> Township <u>20 S</u> Range <u>37 E</u> , <u>NMPM</u> LEA 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"/> <u>ARCO PIPELINE</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>WARREN PETROLEUM CORP</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 1589, TULSA OKLA. 74102</u>
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>10</u> Twp. <u>20S</u> Rgn. <u>37E</u> Is gas actually connected? <u>YES</u> When? <u>10-15-93</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"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded <u>2-1-90</u>	Date Compl. Ready to Prod. <u>8-9-93</u>	Total Depth <u>7750</u>	P.B.T.D. <u>7730</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3555</u>	Name of Producing Formation <u>EUMONT</u>	Top Oil/Gas Pay <u>2628</u>	Tubing Depth <u>3278</u>					
Perforations <u>2628 - 3262</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>341</u>	<u>400 SX</u>
<u>12 1/2</u>	<u>9 5/8</u>	<u>3999</u>	<u>2200 SX</u>
<u>8 3/4</u>	<u>7</u>	<u>6979</u>	<u>370 SX</u>
<u>LINER</u>	<u>5 1/2</u>	<u>5475-7743</u>	<u>245 SX</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 Tank <u>10-15-93</u>	Date of Test <u>10-19-93</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMPING</u>	
Length of Test <u>24</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>17</u>	Oil - Bbls. <u>8</u>	Water - Bbls. <u>55</u>	Gas - MCF <u>11</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puce, 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  
11-12-93 Title  
915-686-5424

Date  
11-12-93 Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 11 1994

By  
ORIGINAL SIGNED BY JERRY SEXTON  
Title  
DISTRICT I SUPERVISOR

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.