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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes O.C. 104 and C-111
Effective 1-1-75

Name Conoco Inc.	
Address P.O. Box 460, Hobbs, New Mexico 88240	
Reason(s) for change of name or operator:	Other (please explain)
New well ☐	Change in Transporter or
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Transporter ☐	Assignment ☐ Condensate ☐
Change of corporate name from Continental Oil Company effective July 1, 1979.	

If change of ownership give name and address of previous owner
Warren Petroleum Monument N.M.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>SEMU Blinberry</i>	Well No. Pool Name, Including Formation <i>100 Warren Tuble Oil</i>	Kind of Lease <i>cc</i>	Lease No. <i>031670</i>
Section <i>20</i>	Unit Letter <i>N</i>	Feet From The <i>South</i>	Line and <i>1650</i>
Line of Section <i>20</i>	Township <i>20-S</i>	Range <i>38-E</i>	County <i>Lea</i>

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)
<i>Conoco One Surface Transportation</i>	<i>Hobbs, N.M.</i>
Name of Authorized Transporter of Gas (Natural Gas ☒ or Dry Gas ☐)	Address (Give address to which approved copy of this form is to be sent)
<i>Warren Petroleum</i>	<i>Monument N.M.</i>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<i>0 18 20 38</i>	<i>yes 1-14-79</i>

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)	Old Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Dist. Reservoir
Date Spudded	Date Comp. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D.F., RAD, 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 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

J. Thompson
(Signature)
Division Manager
(Title)

JUL 25 1979

NMOCD (5) *NMCA, File*
(4)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]*, 19
BY *[Signature]*
TITLE *District Supervisor*

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 deviation 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 multiply completed wells.