Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Astonia, NM \$8210

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brizos Rd., Aziec, NM 87410 I.	REQ				BLE AND			}			
I. TO TRANSPORT OIL AND NATURAL GAS Conoco Inc.								Well API No.			
Address						30-025-07830					
	Ste 100	W, Mid	land,	TX 7	9705						
Reason(s) for Filing (Check proper bax) New Well		Change is	а Туканра	orter of:	U Oth	et (Piesse sup	dain)				
Recompletion	Oil	χÍX	Dry G		יחים	क्रम्प्य स्टब्स	NOUEMD	7D 1 100	0		
Change in Operator If change of operator give name	Caninghe	ad Gas	Conde	asote	EF	RECTIVE	NOAFWR	ER 1 199	3		
and address of previous operator		<u> </u>							 _		
II. DESCRIPTION OF WELL Lesse Name	Well No. Pool Name, Include				ine Formation Vin			d of Lease No.			
WARREN UNIT MCKEE	27 WARREN MCI			1 1			Polyal or Fee LC 031670B				
Location ()	. 6	60	F F.	m	SOUTH	. 2	2310		EAST	-	
20	_ ·		_ rea m	~= ·			 '	est From The	EAUI	Line	
Section Townshi	ip 2	0 S	Range	3	8 E , N	MPM,	LEA			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE			D NATU	RAL GAS						
EOTT OIL PIPELINE CO.	OTT OIL PIPELINE CO. (EEC)				Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4666, HOUSTON, TX, 77210-4666						
Name of Anthosized Transporter of Casinghead Gas			or Dry	Gas	Address (Give address to which app			proved copy of this form is to be sent)			
WARREN PETROLEUM CORF) Unit	Sec	Тър.	Rge		BOX 67,	MONUMEN		88265		
give location of tanks.	0	29	20S	38E	YE	S		.			
f this production is commingled with that IV. COMPLETION DATA	from any of	her lesse or	pool, giv	e comming	ling order mumb) (F)					
Designate Type of Completion	~	Oil Well	\neg	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total Depth		1	P.B.T.D.	<u> </u>		
		•									
Elevations (DF, RKB, RT, GR, etc.) Name of Producing			ematica		Top Oil/Ges Pay			Tubing Dopth			
erforations					<u> </u>			Depth Casis	g Shoe		
		TIRING	CASIR	JG AND	CEMENTIN	IC PECO2	D	<u> </u>			
TUBING, CASING AT HOLE SIZE CASING & TUBING SIZE						DEPTH SET		SACKS CEMENT			
	<u> </u>										
. TEST DATA AND REQUES	T FOD	IIAWA	RIF								
OIL WELL (Test must be after n				il and must	be equal to or	exceed top allo	owable for th	is depth or be	for full 24 hou	FS.)	
Date First New Oil Run To Tank	Date of Te	d			Producing Me	thod (Flow, pa	emp, gas lift,	etc.)			
ength of Test	Tubing Pressure				Casing Pressur	18		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbis.			Water - Pbis.			Gas- MCF				
	Ou - Bois.				Wasi - Duit						
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Prescure (Shut-in)				Casing Pressure (Shut-in)			Choks Size			
// ODER A TOR CERTIFIC	A 7000 OT									 .	
I. OPERATOR CERTIFIC, I hereby certify that the rules and regula	tions of the	Oil Conserv	ation	CE		IL CON	ISERV	ATION	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					NOV 0.5 1993						
	_				Date	Approve	d				
Bill K. Zearly					By ORIGINAL SIGNED BY JERRY SEXTON.						
BILL R. KEATHLY	SR. S'			Γ	-, _	DIST	RICT I SU	PERVISOR			
Printed Name 10-29-93	91!	5-686-5	Tille 424		Title_		_				
Date			hone No								

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.