| Submit 5 Copies Appropriate District Office DISTRICT J P.O. Box 1980, Hobbs, NM 28240 | | State of New Mexico Energy, Minerals and Natural Resources Departure OIL CONSERVATION DIVISION P.O. Box 2088 | | | | Form C-104 Revised 1-1-89 See Instructions at Bottom of Page | | |
|--|--|---|---|--|-----------------|---|--|--|
| DISTRICT II P.O. Drawer DD, Astania, NM 88210 | | | | | | | | |
| DISTRICT III | Sa | nta Fe, New M | exico 8750 | 4-2088 | | | | |
| 1000 Rio Brazos Rd., Aziec, NM 87410 | | OR ALLOWAE | | | | | | |
| I. Operator | TOTRA | NSPORT OIL | AND NA | IURAL GA | | PI No. | | |
| Conoco Inc. | | | · | | | -025-0784 | 11 | |
| Address 10 Desta Drive St | e 100W. Midla | nd, TX 797 | | | | | | |
| Reason(s) for Filing (Check proper box) | | <u> </u> | Oth | n (Please apia | ia) | | | |
| New Well | · · · · · · · · · · · · · · · · · · · | Transporter of: | _ | | | | | |
| Recompletion | | Dry Gas | EFFI | CTIVE NC | VEMBER | 1 1993 | | |
| If change of operator give name and address of previous operator | | | · · · · · · · · · · · · · · · · · · · | ···· · · · · · · · · · · · · · · · · · | | | ······································ | |
| IL DESCRIPTION OF WELL | ANDIFASE | | | | | | | |
| Lease Name | Well No. | Pool Name, Includi | ng Formation | | | f Lesse | Lease No. | |
| WARREN UT BLINEBRY TUB | BWF 9 | WARREN BLIN | E TUBB (| DIL & GAS | Stane, | Federal or Fee | LC 031695B | |
| Location E | . 1980 | Feet From The NC | RTH | 660 |) Fe | et From The | IST Line | |
| | 20 S | 20 | T. | T 17 A | | | _ | |
| Section Townshi | 2173 | Range 38 | <u> </u> | IPM, LEP | 1 | | County | |
| III. DESIGNATION OF TRAN | | | | • • • • • • • • • • • • • • • • • | | and this form | is to be cont | |
| Name of Authorized Transporter of Oil EOTT OIL PIPELINE CO. | (EEC) or Conden | | | | | copy of this form TX 772 | | |
| Name of Authorized Transporter of Casing | ghead Gas | or Dry Ges | Address (Giv | e address to wh | ich approved | copy of this form | t is to be sent) | |
| WARREN PETROLEUM CO. | Unit Sec. | Twp. Rgs. | | | NUMENT . | , NM. 8826 7 | CC | |
| give location of tanks. | A 28 | 205 38 E | YES | | | | | |
| If this production is commingled with that IV. COMPLETION DATA | from any other lease or | pool, give comming | ing order muni | | | | | |
| | Oil Well | Gas Well | New Well | Wankover | Deepen | Plug Back Se | me Res'v Diff Res'v | |
| Designate Type of Completion | - (X) Date Compl. Ready to | | Total Depth | ll | | P.B.T.D. | I | |
| Date Spudded | Des Comp. Kenty of From | | | | | | | |
| levations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | Tubing Depth | | |
| Perforations | <u> </u> | | | | | | Depth Casing Shoe | |
| | | <u></u> | | VC DECODI | | | | |
| HOLE SIZE | TUBING, CASING AND CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| V. TEST DATA AND REQUES OIL WELL (Test must be after y | ST FOR ALLOW. recovery of total volume | ABLE | he equal to at | enced top alla | mebie for thi | e depth or be for | full 24 hours.) | |
| Date First New Oil Rua To Tank | Date of Test | <u>,</u> | Producing M | thod (Flow, pu | mp, gas lift, e | tc.) | | |
| I wash of Test | | | Casing Pressure | | | Choka Siza | | |
| Length of Test | Tubing Pressure | | | | | Gae-MCF | | |
| Actual Prod. During Test | Oil - Bbls. | | Water - Ebis. | | | Gas- MCF | | |
| | <u> </u> | | <u> </u> | <u></u> | | _ <u></u> | | |
| GAS WELL Actual Prod. Test - MCF/D | Length of Test | | Bbls. Conden | Bbls. Condensate/MMCF | | | Gravity of Condensate | |
| | Tubing Pressure (Shut-in) | | Caring Prosture (Shut-ia) | | | Choke Size | | |
| Testing Method (pilos, back pr.) | I LOUGH PRECUP (Shu | NER LINCOLLE (2012-10) | | And I LINE (AND IN . | | | | |
| VL OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my | iations of the Oil Conse that the information giv | rvation | | DIL CON Approve | | ATION D NOV 0 | | |
| Bier R. Ke | 20. | | _ | | | | | |
| Signature BILL R. KEATHLY SR. STAFF ANALYST | | | By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR | | | | | |
| Printed Name | | Title | Title | | NICT 1 SU | FERVISUR | | |
| 10-29-93 | 915-686-5 | | | | | | | |
| Date | Te | ephone 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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.

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