

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator

Comoco Inc.

Well API No.

30-025-07842

Address

10 Desta Dr. STE 100 W, Midland TX 79705

Reason(s) for Filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Operator ☐

Change in Transporter of:

Oil ☐

Dry Gas ☐

Casinghead Gas ☐

Condensate ☐

☒ Other (Please explain)

Changelease Name

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Warren Un. Blinze/Tubb WFA 26

Well No.

Pool Name, including Formation

Blinze/Tubb Oil + Gas

Kind of Lease
State, Federal or Fee

Lease No.

LC 031695B

Location

Unit Letter M

660

Feet From The

S

Line and

660

Feet From The

W

Line

Section 27

Township 20 S

Range 38 E

NMPM

Lea

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

☒ or Condensate ☐

Shell Pipeline

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 1910, Midland TX 79702

Name of Authorized Transporter of Casinghead Gas

☒ or Dry Gas ☐

Warren Petroleum Co.

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 67, Monument, N.M. 88265

If well produces oil or liquids,
give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When?

H

33

20 S

38 E

Yes

6-1-91

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 ☐

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, 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 Tank

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 (pilot, 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. Staff Analyst

Printed Name

Title

12-10-91

915-686-5424

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

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.