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Appropriate District Office
DISTRICT I
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, Astesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe New Merico 97504 2000

DISTRICT III	•	THE MICHIGAN BIJUT-20	00				
1000 Rio Brazos Rd., Aztec, NM 8741 I.	REQUEST FOR ALL	OWABLE AND AUTH					
Operator Conoco Inc.	TO THANGE OF	11 OIL AND NATOR	Well API No.	Well API No. 30-025-07849			
Address 10 Desta Drive	Ste 100W, Midland, T	X 79705	00 023 07	040			
Reason(s) for Filing (Check proper box New Well Recompletion	Change in Transporter	Other (Plea	se explain)				
Change in Operator f change of operator give name	Oil XX Dry Gas Casinghead Gas Condensas	EFFECT:	IVE NOVEMBER 1 1993				
I. DESCRIPTION OF WEL	L AND LEASE	<u> </u>					
Lease Name SEMU MCKEE	1 7/2 1	, Including Formation N MCKEE	Kind of Lesses State, Federal or Fee	Lease No. LC 031695A			
Location F Unit Letter	. 1980 Feet From	The NORTH Line and	4000	WEST Line			
Section 29	ship 20 S Range	38 E NAPA	LEA	2			

New Well		Change is	Тпаляр	orter of:						
Recompletion	Oil				n			tre en		
Change in Operator If change of operator give name	Casing	head Gas	Conde	neate	<u></u>	FECTIVE	NOVE	MBER 1 199		
and address of bisocions obsistor.					····					
II. DESCRIPTION OF WELI	L AND L	EASE	Well No. Pool Name, Including Formation WARREN MCKEE 1980							
Lease Name SEMU MCKEE			1		•					Lease No.
Location		177	WAR	REN MC	KEE			State, Federal or	Fee LC	031695A
F	1	980			VORTH.	1	080		MECT	
Unit Letter	_ :		. Feet Fr	The	Lie	e and	1300	Feet From Th	* WEST	Line
Section 29 Towns	hip	20 S	Range	3	<u>8 E , N</u>	мрм, І	ĿΕΑ			County
W. DESTANTANTANTANTANTAN										
Name of Authorized Transporter of Oil	NSPORT			D NATU			abiah a			
EOTT OIL PIPELINE CO	LXXE	(C)							-	-
Name of Authorized Transporter of Casi	ngticad Gas		or Dry	Gas						
WARREN PETROLEUM		_,			P.O.	BOX 67,				
If well produces oil or liquids, give location of tanks.	Unit M				, -	•	- !	When ?		
If this production is commingled with the										
IV. COMPLETION DATA			, , ,	•		 -				
Designate Type of Completion		Oil Well		Ges Well	New Well	Workover	Dee	pen Plug Bac	k Same Res'v	Diff Res'v
Date Spudded		mal Pandu to	- L		Total Death	<u> </u>	<u> </u>			
	545 W	шр. көшу ш	FIOGL		rom Depui			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing Fo	constion		Top Oil/Gas	Pay		Tubing De	eoth	
Perforations								Depth Cas	ing Shoe	
		TURING	CASIN	JG AND	CEMENTI	NG PECOS	D	!		
HOLE SIZE	С				CENTENTE				SACKS CEI	MENT
						-				
	 				 					
V. TEST DATA AND REQUE	ST FOR	ALLOWA	BLE		<u> </u>					
	recovery of	total volume o	of load o	il and must	be equal to or	exceed top allo	owable fo	or this depth or b	e for full 24 ho	n <i>e</i> 73.)
Date First New Oil Run To Tank	Date of T	l'est			Producing Me	sthod (Flow, pu	mp, gas	igh, etc.)		
Length of Test	Tubing P				Caring Proces			Choke Size		
	l uoning r	1¢emile			Casing 110ss				•	
Actual Prod. During Test	Oil - Bbl	<u>. </u>			Water - Phis.			Gas- MCF		
										
GAS WELL										
Actual Prod. Test - MCF/D	Length o	Test	•		Bbis. Conden	mb/MMCF		Gravity of	Condensate	
Testing Method (pital, back pr.)	Tubing P	ressure (Shut-	in)		Casing Proses	ra (Surt-in)		Choire Size		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,			(•	
VL OPERATOR CERTIFIC	ATEO	F COMPI	IAN	CE.						- .
I hereby certify that the rules and regul	lations of th	e Oil Conserv	ation		jj C	JIL CON	SEF	NOTAVA	DiVISIO	ЙC
Division have been complied with and is true and complete to the best of my	that the inf	ormation gives	a above					NOV A	t 4000	
	,	and veller.			Date	Approve	d	NOV 0) 1993	
Bel & Za	and	ely				OBICINA	- مسروط			
Signature BILL R. KEATHLY	SR. S	STAFF AN	ALVET		By	DRIGINAL	SIGN	ED BY JERRY I SUPERVISO	SEXTON	
Printed Name			Title	<u> </u>	 	O13	· · rc+C. į	- SUPERVISO	/K	
10-29-93	91	15-686-5	424		Title					<u> </u>

		<u> </u>	·	el,	
Signature BILL	₽.	KEATHLY	SR.	STAFF	ANALYST
Printed Name 10-29-33				915-688	Title

Date

Telephone 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.

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