

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

Form O-104
 Supersedes Old O-104 and O-111
 Effective 1-1-55

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SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL
<input type="checkbox"/> GAS
OPERATOR
PRODUCTION OFFICE

Operator Conoco Inc.
 Address P.O. Box 460, Hobbs, New Mexico 83240

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Gas Condensate
 Change in Ownership Other (Please explain) Change of corporate name from Continental Oil Company effective July 1, 1979.

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease name <u>Warren Unit-McLee</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Warren McLee</u>	Kind of Lease <u>Lease</u>	Lease No. <u>LC-031695</u>
Location <u>J</u> : <u>1980</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>E</u>	Line of Section <u>29</u>	Township <u>20-S</u>	Range <u>38-E</u>	County <u>Lea</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Conoco Inc. Surface</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3120 Midland, Texas</u>
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Western Oil Transportation Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 67 Monument, New Mexico</u>
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Corporation</u>	Is gas actually connected? <input type="checkbox"/> When _____

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) <input checked="" type="checkbox"/>	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
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 _____					
Restorations _____	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 _____
Actual Prod. During Test _____	Oil-Bbls. _____	Water-Bbls. _____
		Choke Size _____
		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. 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.

[Signature]
 (Signature)
 Division Manager

6/19/79
 (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 27 1979, 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 and recompleted wells.
 Fill out only sections 1, 2, 3, 4, 5, and 6.
 well name or number, or transporter, or other such change of conditions.
 Separate Forms O-104 must be filed for each pool in multiply completed wells.

NYOCD (5) USGSC(2) NMF(4) FILE