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

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

Form O-34
 Supersedes O-3 C-104 and O-3
 Effective 1-1-55

I. Operator Conoco Inc.
 Address P.O. Box 460, Hobbs, New Mexico 38240

Reasons for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Disthead Gas Condensate

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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Warren Unit-McKee 25</u>	Well No., Pool Name, including formation <u>Warren McKee</u>	Kind of Lease State, Federal, or Free	Lease No. <u>LC-031695</u>
Location Unit Letter <u>O</u> ; <u>990</u> Feet From The <u>S</u> Line and <u>2310</u> Feet From The <u>E</u> (b)	Line of Section <u>29</u> Township <u>20-5</u> Range <u>38-E</u> , NMPM, <u>Lea</u> County		

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>Western Oil Transportation Co.</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 Disthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 67 Monument, New Mexico</u>
If well produces oil or liquids, give location of tanks. Unit _____ Sec. _____ Twp. _____ Rge. _____	Is gas actually connected? _____ 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 type="checkbox"/> Oil well	<input type="checkbox"/> Gas well	<input type="checkbox"/> New well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'tn.	<input type="checkbox"/> Diff. Res'tn.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			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	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. 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)

6/19/79
 (Date)

NYOCD (5) USAS(2) NMFUC(4) FILE

OIL CONSERVATION COMMISSION

APPROVED _____, 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 from compliance with RULE 111.

All sections _____
 applicable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms O-34 must be filed for each pool in multiply completed wells.