

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>Comoco Inc.</u>	Well API No. <u>30-025-07876</u>
Address <u>10 Desta Dr. STE 100 W, Midland Tx 79705</u>	
Reason(s) for Filing (Check proper box) New Well ☐ ☒ Change in Transporter of: Recompletion ☐ Oil ☐ Dry Gas ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain) <u>Changelease Name</u>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Warren Un. Blin/Tubb WA 16</u>	Well No. <u>16</u>	Pool Name, Including Formation <u>Blin/Tubb Oil + Gas</u>	Kind of Lease State, Federal or Fee	Lease No. <u>LC 031695B</u>
Location Unit Letter <u>A</u> <u>660</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>E</u> Line Section <u>33</u> Township <u>20 S</u> Range <u>38 E</u> <u>NMPM</u> <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Shell Pipeline</u>	☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1910, Midland Tx 79702</u>				
Name of Authorized Transporter of Casinghead Gas <u>Warren Petroleum Co.</u>	☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 67, Monument, N.M. 88265</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>33</u>	Twp. <u>20 S</u>	Rge. <u>38 E</u>	Is gas actually connected? <u>Yes</u>	When? <u>6-1-91</u>

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 (puot, 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
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.