

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator
 Operator Conoco Inc. Well API No. 20-025-07882
 Address 10 Desta Dr. STE 100 W, Midland Tx 79705
 Reason(s) for Filing (Check proper box) Other (Please explain) Change lease Name
 New Well Change in Transporter of: Dry Gas
 Recompletion Oil Casinghead Gas Condensate
 Change in Operator

II. DESCRIPTION OF WELL AND LEASE Warren
 Lease Name Warren Un. Blin/Tubb Well No. WA 20 Pool Name, including Formation Blinebry/Tubb Oil + Gas Kind of Lease State, Federal or Fee Lease No. LC 634580
 Location Unit Letter E : 1980 Feet From The N Line and 660 Feet From The W Line
 Section 34 Township 20 S Range 38 E , NMPM , Lee County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Injection well
 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 H Sec. 33 Twp. 20 S Rge. 38 E Is gas actually connected? Yes When? 6-1-91

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<input checked="" type="checkbox"/>								
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 (spot, 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.
 Signature Bill R. Keathly
 Printed Name Bill R. Keathly Sr. Staff Analyst Title _____
 Date 12-10-91 Telephone No. 915-686-5424

OIL CONSERVATION DIVISION
 Date Approved _____
 By _____
 Title _____

- INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104
- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - All sections of this form must be filled out for allowable on new and recompleted wells.
 - Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 - Separate Form C-104 must be filed for each pool in multiply completed wells.