NO. OF COPIES RECEIVED		
DISTRIBUTION	NEW MEXICO OIL C	
SANTAFE	REQUEST	
U.S.G.S.	AUTUODIZATION TO TO	AA Ook
LAND OFFICE	AUTHORIZATION TO TRA	バイント
014		
TRANSPORTER GAS : !		
OPERATOR		
PRORATION OFFICE	<u> </u>	
Conoco Inc.		
Address		
	0, Hobbs, New Mexico 882	40
Reason(s) for filing (Check proper be		
New Well	Change in Transporter of:	
Recompletion	Cil Dry Ga	s
Change in Ownershipt	Casinghead Gas Conde	nsate
change of ownership give name		
nd address of previous owner		· · · · ·
DESCRIPTION OF WELL AND	DIESCE	
DESCRIPTION OF WELL ANI Lease Name	Fell No. Pool Name, including F	crmat
Britt B	21 Weir Bli	ch
_ccation	0.2-	
Unit Letter ; (2	880 Feet From The SLir	e and
10	cowashin 20 - 5 Bange	0
Line of Section 10 T	Swaship 20- 3 Range	3
SESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	. s
Name of Authorized Transporter of C	or Condensate	A A dia
Atlantic Richt	Field G.CIMCOTZ	1 1
Name of Authorized Transporter of C	rsinghed Gas or Dry Gas	Ada
1 Jacen Petaleu	m Co.	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	18
give location of tanks.		
this production is commingled w	with that from any other lease or pool,	give
COMPLETION DATA	Oil Well Gas Weil	Nev
Designate Type of Complet		1
Date Spudded	Date Compl. Ready to Prod.	Tot
Elevations (DF, RKB, RT, GR, etc.,	, Name of Producing Formation	Top
		<u> </u>
Perforation s		
	TUDING CASING AN	D C E
HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	
HOLE SIZE	CASING & FUBING SIZE	-
		1
		1
		1
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	
OIL WELL	able for this d	
Date First New Cil Run To Tanks	Date of Test	Pro
	7	1 0 0
Length of Test	Tubing Pressure	Car
Actual Prod. During Test		
Actada Fred. Balling 1991	5.1. 2.5.a.	
GAS WELL		
Actual Prod. Test-MCF/D	Length of Test	Bbi
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cai
		<u> </u>
CERTIFICATE OF COMPLIA	NCE	
•		
hereby certify that the rules and	d regulations of the Oil Conservation	A
Commission have been complied	with and that the information given the best of my knowledge and belief.	В
	add at my manage and better	∥ "
Ai-1		Τ
AMMI	7	
J. J. Man	2 X Sk	
U /Si	enatures	.i w

SERVATION COMMIS N Form C-104

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65
U.S.G.S.	ALITHODIZATION TO TOA	AND ANSPORT CIL AND NATURAL GA	
LAND OFFICE	AUTHORIZATION TO TRA	MAPORT CIL AND NATURAL GA	.3
TRANSPORTER OIL			
CAS			
PROPATION OFFICE			
Cherator			·
Conoco Inc.			
Address P. O. Boy 46	O Habba Nort Marriage 9920	, o	
Reason(s) for filing (Check proper be	0, Hobbs, New Mexico 882	Cther (Please explain)	
New Well	Change in Transporter of:	Change of corpora	te name from
Recompletion	OII Dry Gu		
Change in Ownership	Casinghead Gas Conder	July 1, 1979.	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL ANI) LEASE		
Lease Name	Fell No. Foot Name, Including F		Lease No.
Britt B	21 Weir Bliv	CON State, Federal of	LC-0,3/6.
	880 Feet From The S Lin	ne and 1880 Feet From Th	E W
Line of Section 0 T	ownship 20-5 Range	37-E, NMPM, Lea	County
DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	AS.	
Name of Authorized Transporter of C		Address (Give address to which approve	d copy of this form is to be sent)
	ield to.CIMO/2	Box 1190 Mid	land Texas
Name of Authorized Transporter of C	/ \	Adaress (Give address to which approve	
Warren Petroleu	Unit Sec. Twp. Rge.	Is gas actually connected? When	nyment, N.M.
If well produces oil or liquids, give location of tanks.			
If this production is commingled v	with that from any other lease or pool,	give commingling order number:	
Designate Type of Complet	ice (Y)	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty
	<u> </u>		P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.U.
Elevations (DF, RKB, RT, GR, etc.,	, Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			Depth Casing Shoe
1	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil an	id must be equal to or exceed top allow
OIL WELL	able for this de	epth or be for full 24 hours) Producing Mothod (Flow, pump, gas lift,	ata l
Date First New Cil Run To Tanks	Date of rest	Producing Method (Ptow, pump, gas tift,	erc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Cit-Bbis.	Water - Bbls.	Gas • MCF
GAS WELL			_
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COURT 14	NOT	OIL CONSERVAT	TION COMMISSION
. CERTIFICATE OF COMPLIA	NCE		10 40 76 2
I hereby certify that the rules and	d regulations of the Oil Conservation	APPROVED JUL A	, 19
Commission have been complied above is true and complete to t	with and that the information given he best of my knowledge and belief.	BY Jelren	it fan
		TITYE District Super	rvisor
· And			
AMMe.	200	This form is to be filed in co	mpliance with RULE 1104. ble for a newly drilled or deepene
(Si)	inature)	wall this form must be accompani	ed by a tabulation of the deviation
Division Manager		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow	
		able on new and recompleted well	le.
6/	8//7	Fill out only Sections I. II. well name or number, or transporte	III, and VI for changes of owners or other such change of condition
MMOCD (5) USGS(3) N	MFU(4) FILE		be filed for each pool in multip!
070701 V		completed wells.	