

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

Operator	Conoco Inc.		
Address	P.O. Box 460, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	Change of corporate name from	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Continental Oil Company effective	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	July 1, 1979.	
	Dry Gas <input type="checkbox"/>		
	Condensate <input type="checkbox"/>		

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

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Britt B	21	Weir Bluebry	State, Federal or Fee
Location	Lease No. LC-03162		
Unit Letter J	1880	Feet From The S	Line and 1880 Feet From The E
Line of Section 10	Township 20-S	Range 37-E	NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Atlantic Richfield Co. ARCO	Box 1190 Midland Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum Co.	Box 61 Monument, N.M.		
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: _____

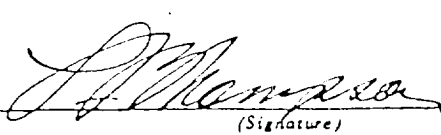
COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Res't
			Diff. Res't
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

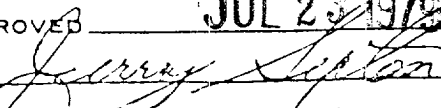
I. CERTIFICATE OF COMPLIANCE

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)
Division Manager
(Title)
6/8/79
(Date)
NMCCD (5)
USGS(2) NMFUC(4) FILE

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1979, 19

BY 
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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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 C-104 must be filed for each pool in multiple completed wells.