	NO. DE COPIES ACCEINED DISTRIBUTION SANTA FE		NSERVATION COMMISSION	Form C-104 Supersedes USI C-104 and C-11
	FILE U.S.G.S.		AND ISPORT OIL AND NATURAL GAS	Effective 1-1-55
	DPERATOR DEFICE			
1.	perator			
	Conoco Inc.			
ļ	P.O. Box 460, Hobbs, New Mexico 83240 easonist for tiling (Creak proper box) Other (Please explain)			
	New Well     Change in Transporter of:     Change of corporate name from       Becompletion     Cit     Dry Gas     Continental Oil Company effective       Change in Contenship     Casinghead Gas     Condensate     July 1, 1979.			
	I change of ownership give name and address of previous owner			
п.	DESCRIPTION OF WELL AND L	EASE	rmation Kina of Lease	Lease No.
	Warren Unit Tubb	31 Worren Tur	ob Oil State, Federal or	Fee 45-031695
	Location O (00	O Feet From The Line	and 1980 Feet From The	
	0 an Letter (		32-E, NMPM,	Ca County
Ш.	DESIGNATION OF TRANSPORT	or Congensate	Address (Gibe dadress to writer approved	
	Shell Pipeline (or poration		Box 1910 Mid Address ( Give address to which approved Eunice, N. M.	and, 1exas i copy of this form is to be sent;
	betty Oil Company		Moument, N.M.	
	If well produces oil or liquids, give location of tanks.			
	if this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.
	Designate Type of Completio	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.,			Depth Casing Shoe
	Perforations			
			D CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEFINISEI	
V.	TEST DATA AND REQUEST FOR ALLOWABLE       (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)         OIL WELL       Date of Test         Date First New Oil Run To Tanks       Date of Test			
	Longth of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Proa. During Test	Cil-Bbls.	Water - Bbls.	Gas-MCF
	Actual Prod. Soliniq Fast			
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitor, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
vi	L CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION
••	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.		TITLE District Supervisor TITLE District Supervisor The form is to be filed in compliance with RULE 1104.	
	Allin	2 la	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tablication of the deviation tests taken on the well in accordance we	
	(Sier	hatwre)		
	Division Manager $\frac{(Title)}{(Date)}$ (Date)		All sections of this form must be filled out completely for allow- able 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.	
	$\mathbf{N}$	MFULA) FILE	Separate Forms C-104 must be filed for each pool in multiply completed wesls.	

## **INED**

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JUNIZ 5 1879 CIL CONTERVATION COMM. HEBBS. N. M.