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	DISTRIBUTION				
	SANTA FE		NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Superseaes Ulii G-104 and C-11 Effective 1+1-55	
	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	S	
	IRANSPORTER GAS				
1.	OPERATOR I PROBATION OFFICE				
	Conoco Inc.				
	P.O. Box 460, Hobbs, New Mexico 88240				
	leason(s) for tiling (Check proper bux) Other (Please explain)				
	New Well     Change in Transporter of:     Change of corporate name from       Recompletion     Oil     Dry Gas     Continental Oil Company effective       Change in Ownershipl     Casinghead Gas     Condensate     July 1, 1979.				
	If change of ownership give name and address of previous owner				
п.	DESCRIPTION OF WELL AND LEASE Lease No.   Netl No.   Poet Name, Including Formation   Kind of Lease   Lease No.				
	Warren Unit Tubb	32 Worren Tur		r Fee 46-031695	
	Unit Letter;;	D Feet From The Line	and <u>660</u> Feet From Th	<u> </u>	
	Line of Section 27 Tow	nship 20-5 Range	38- E, NMPM,	Ca County	
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	5 Address (Give address to which approve	á copy of this form is to oe sent,	
		provration	Bux 1910 Midle Address (Give address to which approve	and Texas	
	6 Etty Oil Company	ng gad Gas (2 - Or Dr) Gas []	Eunice, N.M. Monument, N.M.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When give location of tanks.				
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: <u>COMPLETION DATA</u> Oti Well Gas Well New Weil Workover Deepen Plug Back Same Resty. Diff. Resty.				
	Designate Type of Completio	n = (X)			
	Date Spuddød	Date Compi. Ready to Proa.	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				
	HOLESIZE	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT	
v.	TEST DATA AND REQUEST F	ORALLOWABLE (Test must be a)	fter recovery of total volume of load oil a	nd must be equal to or exceed top allow-	
	ITEST DATA AND REQUEST FOR ALLOWABLE       (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow 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    Producing Method (Flow, pump, gas lift, etc.)				
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test		Water - Bbls.	Gas - MCF	
	Actual Prod. During Test	C11-3bls.			
	GAS WELL Bbls. Condensate/MMCF Gravity of Condensate				
	Actual Prod. Test-MCF/D	Longth of Test	Bbls. Condensate/MMCF		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shut-in)	Choke Size	
VI	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.		OIL CONSERVATION COMMISSION		
			BY Array inten		
	Ang 1		TITLE District Supervisor		
	Allinon	Allansee		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
	(Signature) Division Manager		well, this form must be accompanied by a tabulated of the base tests taken on the well in accordance with AULE 111. All reprises of this form must be filled out completely for ellere able on new and following of these		
	6/19/79		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.		
	NMOCD (5) USGS(2) NMFULLY) FILE		Separate Forms C-104 must be filed for each pool in multiply completes wells.		

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## JUN 2 5 1979

CIL CONSERVATION COMM. HODDS. N. M.