

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☒ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address CONOCO INC. 10 Desta Drive Ste 100W MIDLAND, TEXAS 79705		OGRID Number 005073
		Reason for Filing Code TO CORRECT POD NUMBERS
API Number 30 - 0 25-25124	Pool Name WARREN BLINEBRY TUBB OIL & GAS	Pool Code 62965
Property Code 003127	Property Name WARREN UNIT BLINEBRY/TUBB WF	Well Number 35

II. ¹⁰ Surface Location

UL or lot no. K	Section 28	Township 20 S	Range 38 E	Lot Idn	Feet from the 1880	North/South line SOUTH	Feet from the 1980	East/West line WEST	County LEA
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¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
F	P		10-21-94						
Lee Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
005108	CONOCO INC. TRANSPORTATION P.O. BOX 2587 HOBBS, NM. 88240	2813794	O	F 28 20S 38E
024650	WARREN PETROLEUM CORP P.O. BOX 67 MONUMENT, NM 88265	2813795	G	F 28 20S 38E

IV. Produced Water

POD 2813796	POD ULSTR Location and Description G 28 20S 38E
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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

Title: SR. REGULATORY SPEC.

Date: 12-29-94

Phone: (915) 686-5424

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY JERRY SEXTON

Title: DISTRICT SUPERVISOR

Approval Date: JAN 01 1995

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

RECEIVED

JAN 03 1995

O O O HUBBS
OFFICE

New Mexico Oil Conservation Division
C-104 Instructions

22.	The ULSTM location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)	
23.	The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.	
24.	The ULSTM location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)	
25.	MODA/YR drilling commenced	
26.	MODA/YR this completion was ready to produce	
27.	Total vertical depth of the well	
28.	Plugback vertical depth	
29.	Top and bottom perforation in this completion or casing shoe and TD if openhole	
30.	Inside diameter of the well bore	
31.	Outside diameter of the casing and tubing	
32.	Depth of casing and tubing. If a casing liner show top and bottom.	
33.	Number of sacks of cement used per casing string	
34.	MODA/YR that new oil was first produced	
35.	MODA/YR that gas was first produced into a pipeline	
36.	MODA/YR that the following test was completed	
37.	Length in hours of the test	
38.	Flowing tubing pressure - oil wells	
39.	Shut-in tubing pressure - gas wells	
40.	Flowing casing pressure - oil wells	
41.	Shut-in casing pressure - gas wells	
42.	Diameter of the choke used in the test	
43.	Barrels of oil produced during the test	
44.	Barrels of water produced during the test	
45.	MCF of gas produced during the test	
46.	Gas well calculated absolute open flow in MCF/D	
47.	The method used to test the well: Flowing Pumping Swabbing If other method please write it in.	
48.	The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report	
49.	The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person	
50.	The number assigned to the POD from which this product will be transported. If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.	
51.	Product code from the following table: Gas Oil O G	
52.	Name and address of the transporter of the product	
53.	The gas or oil transporter's OGRID number	
54.	MODA/YR of the C-129 approval for this completion	
55.	MODA/YR of the expiration of C-129 approval for this completion	
56.	The permit number from the District approved C-129 for this completion	
57.	MODA/YR that the completion was first connected to a gas transporter	
58.	The producing method code from the following table: Flowing Pumping or other artificial lift	
59.	The bottom hole location of this completion	
60.	Lease code from the following table: Federal State Private Other Indian Tribe	
61.	The surface location of this completion. NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box. Otherwise use the OGD unit letter.	
62.	The well number for this completion	
63.	The property name (well name) for this completion	
64.	The property code for this completion	
65.	The name of the pool for this completion	
66.	The pool code for this completion	
67.	The API number of this well	
68.	If for any other reason write that reason in this box.	
69.	Reason for filling code from the following table: New Well Recompletion Change of Operator Add oil/condensate transporter Add gas transporter Change gas transporter Request for test allowable (include volume requested) If for any other reason write that reason in this box.	
70.	Operator's OGRID number. If you do not have one it will be assigned and filed in by the District office.	
71.	Operator's name and address	
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