Submit 5 Copies Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbe, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Astenia, NM 88210 <u>DISTRICT III</u> 1000 Rio Brazos Rd., Aziec, NM 87410	OIL (Sa REQUEST F	Minerals and N CONSERV P.O. 1 anta Fe, New M OR ALLOWA	New Mexico atural Resources Departm ATION DIVISIO Box 2088 Mexico 87504-2088 ABLE AND AUTHORI			Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
I. Operator		ANSPORTO	IL AND NATURAL G		API No.		
Conoco Inc.			······································	3	0-025-25	124	
10 Desta Drive S		and, TX 79	9705				
Reason(s) for Filing (Check proper box) New Well	Change is	a Transporter of: Dry Gas Condensate	EFFECTIVE NO		1 1993		
IL DESCRIPTION OF WELL	L AND LEASE	<u></u>					
Lesse Name WARREN UNIT BLINEBRY	Well No.		•		of Lease Faderal or Fee	Lease No.	
Location		BLINEBRY O	DIL AND GAS			LC 031695B	
Unit Letter	. 1880	_ Fest From The _	OUTH Line and198	<u>30 </u>	et From The _	NEST Line	
Section 28 Towned	hip 20 S	Range 38	E , NMPM, LEA			County	
III. DESIGNATION OF TRA	NSPORTER OF O	IL AND NATI					
Name of Authonized Transporter of Oil EOTT OIL PIPELINE CO.	(EEC)		Address (Give address to whe P.O. BOX 4666. H				
Name of Authorized Transporter of Casi	ngheed Gas	or Dry Gas	Address (Give address to wh	ick approved	copy of this for	m is to be sent)	
WARREN PETROLEUM CO.	Unit Sec.	Twp. Rgs	P.O. BOX 67, MC	NUMENT		265	
give location of tanks. If this production is commingled with the	A 28	205 <u>38E</u>	YES		·		
V. COMPLETION DATA							
Designate Type of Completion	Oil Well 1 - (X)	Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v Diff Res'v	
Date Spudded	Date Compi. Ready to	Prod.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	omation	Top Oil/Gas Pay		Tubing Depth		
Performions				<u></u>	Depth Casing	Shoe	
HOLE SIZE	TUBING, CASING AND		CEMENTING RECORD		SACKS CEMENT		
			DEPINSEI				
<u></u>					ļ		
7. TEST DATA AND REQUE DIL WELL (Test must be after Date First New Oil Rue To Tank Length of Test			t be equal to or exceed top allow Producing Method (Flow, put Casing Pressure			r fiell 24 hours.)	
Actual Prod. During Test	Oil - Fible.		Water - Ebis.		Gas- MCF		
	UI - DUL	(, <u>,</u> , , , , , , , , , , , , , , , , ,					
GAS WELL	Longth of Teet		Bbls. Condensate/MMCF		Gravity of Condensate		
Actual Prod. Test - MCF/D			Casing Precente (Shut-in)		Choka Size		
	Tubing Prescure (Shut-	-93)	Casing Preceute (Shut-in)	*	Choke Size		
Festing Method (pilot, back pr.)		·	Casing Precause (Shut-in)		Choka Size		
Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI_OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my Bics R. Ke	CATE OF COMP Intions of the Oil Conserv that the information give knowledge and belief.		OIL CON		NOV	IVISION 0 5 1993	
VI_OPER ATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and	CATE OF COMP lations of the Oil Conserv that the information give knowledge and belief.	TIANCE vation se above	Date Approved	IGNED BY	NOV	IVISION 0 5 1993	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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