

**DISTRICT III**  
1000 Rio Bravo Rd., Aztec, NM 87410

**P.O. Box 2088**  
**Santa Fe, New Mexico 87504-2088**

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**I.**

**If change of operator give name and address of previous operator**

Lease Name WARREN UT BLINEBRY TUBB WF	Well No. 42	Pool Name, Including Formation WARREN BLINEBRY TUBB O & G	Kind of Lease State, Federal or Fee XXXX	Lease No. LC 031695B
Location				
Unit Letter	I	: 1980	Feet From The	SOUTH
			Line and	660
			Feet From The	EAST
			Line	
Section	27	Township	20 S	Range
			38 E	NMPM
			LEA	County

Name of Authorized Transporter of Oil EOTT OIL PIPELINE CO.					<input checked="" type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> (EEO Effective 4-1-94)		Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4666, HOUSTON, TX. 77210-4666	
Name of Authorized Transporter of Casinghead Gas WARREN PETROLEUM CO.					<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent) P.O. BOX 67, MONUMENT, NM 88265	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 28	Twp. 20S	Rge. 38E	Is gas actually connected? YES		When ?	

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		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			
<b>TUBING, CASING AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

## 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 Tank	Date of Test	Producing Method ( <i>Flow, pump, gas lift, etc.</i> )	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

## GAS WELL

Actual Prod. Test - MCP/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 hereby certify that the rules and regulations 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.

Bert T. Zerkley

**Signature** BILL R. KEATHLY SR. REGULATORY SPEC.

Printed Name  
10-29-93

**Title**  
915-686-5424

Date \_\_\_\_\_

Telephone No. \_\_\_\_\_

Date Approved NOV 05 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

### Title

- 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.
- 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.