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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes O.C.C. Form C-104  
Effective 1-1-65

I. OPERATOR

Operator  
Conoco Inc.

Address  
P.O. Box 460, Hobbs, New Mexico 88240

Reasons for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/>	Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Change of corporate name from
Change in Ownership	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Continental Oil Company effective
		Gas	<input type="checkbox"/>	July 1, 1979.

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	New No.	Pool Name, including Formation	Kind of Lease	Lease No.
Warren McKee Pool Joint	1	Warren McKee	State, Federal or Fee	B-9652
Location	Unit Letter	Feet From The	Line and	Feet From The
	M	710	S	420
	Line of Section	Township	Range	County
	2	20	38	Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

WDR

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restm.	Diff. Restm.
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							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE 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)

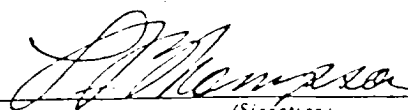
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

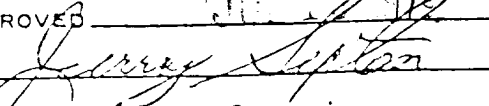
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)  
Division Manager  
(Title)  
6-19-79  
(Date)

NMOC (5)

USGS(2) NMFC(4) FILE

OIL CONSERVATION COMMISSION

APPROVED , 19  
BY  
TITLE District Supervisor

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.