Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 85249

State of New Mexico Energy, Minerals and Natural Resources Deparent

Form C-104 Revised 1-1-89 Sec Instructions

DISTRICT II P.O. Drawer DD, Astesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazo: Rd., Aziec, NM 87410		Sa	inta Fe	, New A	/lexico	87504-2	880					
1. I.	REQ	UEST FO										
TO TRANSPORT OIL AND NATURAL GAS  Conoco Inc.									Well API No.			
Address	10011	141 12	•	mı. ==	<b>5</b> 55	·		3	<del>80-025-25</del> 8	53		
10 Desta Drive S Resecce(s) for Filing (Check proper box)		, Midia	and,	TX 79	705	0.1 (2)						
New Well	'	Change in	•	_	ليا	Other (Pl	oese expleis	<b>a)</b>				
Recompletion	Oil Casinghe		Dry Ge Conden		1	REFECT	TVE NO	VEMBEE	1 1993			
If change of operator give name and address of previous operator							1.12 110	· DEIDIN				
L DESCRIPTION OF WELI	AND LE	ASE							······································		<del></del>	
Lease Name WARREN UT BLINEBRY TU		Well No.		umo, includ	_			1	of Leas	Lea	ss No.	
Location	DD AL	30	WARR:	EN BLI	NEBRY	TUBB (	O & G	State	Federal or Fee	LC 06	<u>34580</u>	
Unit Letter	_ :1980	<u> </u>	Foot Pro	om The N	ORTH	Line and .	1980	<u> </u>	et From The _E	AST	Line	
Section 26	<b>2</b> 0	S	Ranes	38	E	. NMPM.	LEA				County	
T DESIGNATION OF TRAI	VCDODOTE:	<b>D</b> OF O									County	
II. DESIGNATION OF TRAINS of Authorized Transporter of Oil	T		Man .		RAL G	<u>AS</u> (Give eddr	ress to which	h approved	copy of this form	is to be sent	<del></del>	
EOTT OIL PIPELINE CO.  Name of Authorized Transporter of Casis	(61	Effect.	ive 4-	1-94	P.O.	BOX 46	<u>366, HO</u>	DUSTON	, TX. 772	10-4666		
WARREN PETROLEUM CO.			or Dry (		P.O.	. BOX 6	37, MON	NUMENT	copy of this form , NM 8826	i <b>is to be sent</b> , 5	)	
if well produces oil or liquids, ive location of tanks.	Unit		<b>Twp.</b> 20S	<b>Rge.</b> 138E	la gas ac	tully com		Whee				
this production is commingled with that								i		<del></del> .		
V. COMPLETION DATA		Oil Well		as Weil	New V	V-98 TV-	tover					
Designate Type of Completion		i	_ i		<u> </u>	i	LOVEZ	Deepas	Phug Bock Sa	me Res'v	Diff Res'v	
Date Speeded	Date Comp	Date Compi. Ready to Prod.				Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing For				·	Top Oil/Ges Pay			Tubing Depth				
erforations	.L					· · · · · · · · · · · · · · · · · · ·		<del></del>	Depth Casing S	)O3	· - —	
		mnic (	7 4 675 1		(T) (T)		2000				<del></del>	
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
		· · · · · · · · · · · · · · · · · · ·									<del></del>	
. TEST DATA AND REQUE	TFORA	LLOWAI	RI.E									
IL WELL (Test must be after r	ecovery of tot	al volume of								idl 24 hours.)		
ate First New Oil Rua To Tank	Date of Test				Producing	Method (F	low, pump,	e.)				
ength of Test	Tubing Pressure				Casing Pressure				Choke Size			
ctual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF			
•										<del></del>	·	
GAS WELL GOAL Frod. Test - MCF/D	Length of T				Risia Con	den min/A/A	ACT.		Gravity of Cond			
	1											
sting Method (pitot, back pr.)	Tubing Prop	ruo (Shu)-in	) .		Casing Pri	cens (2pm	1-ia) .	an	Choke Size			
I OPERATOR CERTIFIC	ATE OF	COMPL	IANC	Ŧ	<u> </u>	***************						
I hereby certify that the rules and regular Division have been complied with and	tions of the C	di Conservat	tion			OIL C	CONS	ERVA	TION DI			
is true and complete to the best of my i	nowledge and	belief.			Da	ite Appi	roved		NOV O	1993		
Bill XX	e and	les				OBIG		SNED D	/ IEDDV cev	70h!		
Signature BILL R. KEATHLY	SR. REG		SPE		Ву				Y JERRY SEX PERVISOR	ION		
Printed Name 10-29-93			ille	i	Titl	le		<u> </u>		•		
10 20 00	210-	UUU-042	.4	l l	ı <b>.</b> .	-			*			

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

Date

- 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.

Telephone No.

- 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.