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	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR PRORATION OFFICE	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65			
I.	Operator	CONOCO INC.					
P. O. Box 460, Hobbs, N.M. 88240							
	Reason(s) for filing (Check proper box)		Other (Please explain)				
	New We!l Change in Transporter of: Recompletion. Oil Dry Gas Change in Ownership Casinghead Gas Condensate						
	If change of ownership give name and address of previous owner						
11.	II. DESCRIPTION OF WELL AND LEASE						
	Lease Name Warrentlinit Tubb 51 Warren TUBB(OIL) Kind of Lease No. State Federal or Fee LCC3 67066 Location						
	Unit Letter A : 660 Feet From The North Line and 660 Feet From The East						
	Line of Section 29 Tow	vnship 20-S Range	38-E, NMPM, LE	County			
III.	DESIGNATION OF TRANSPORT	or Condensate	S Address (Give address to which approx	ed copy of this form is to be sent)			
	CONOCU, INC. SI	ar face Transportation	Hobbs New M Address (Give address to which approv	exico 88247			
	Warren Petrol	um CO.		lexico 88240			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 20 38	Is gas actually connected? Whe	NA.			
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:				
	Designate Type of Completio	on - (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			
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V.	TEST DATA AND REQUEST FOOL WELL		fter recovery of total volume of load oil a pth or be for full 24 hours)	and must be equal to or exceed top allow-			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Cil-Bbls.	Water - Bbis.	Gas - MCF			
		<u> </u>	<u> </u>	<u> </u>			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIANCE	DE .	OIL CONSERVA	TION COMMISSION			
			APPROVED, 19				
	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.		BYOrle Signed by				
			BY				
	()	7/1	This form is to be filed in compliance with RULE 1104.				
Administrative Supervisor MAR 2 5 1980			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				
						MMUCO(5) USGG(1) (Date) ~ m Fally) filely	