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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Astenia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazes Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| Operator Conoco Inc. | • | | | | | | Well | | | API No. | | | |
|--|---|---------------------------------------|---------------|---------------------------------------|--|------------------|--|---------------------------------------|----------------|---------------|--|--|--|
| Address 10 Desta Drive Ste 100W, Midland, TX 7970 | | | | | | · · · | | 30-025-25916 | | | | | |
| Reason(s) for Filing (Check proper box) | | mul | ana, | 1A 19 | | et (Please esp | deie) | | | | | | |
| New Well | | Change is | | | | on (1 source exp | | | | | | | |
| Recompletion | Oil Casinghead | _ | Dry G | | EFF | ECTIVE N | OVEMBER | 1 1993 | | | | | |
| If change of operator give name and address of previous operator | | | | | | | | | | | | | |
| II. DESCRIPTION OF WELL | AND LEA | SE | | | | | | | | | | | |
| Less Name WARREN UT BLINEBRY TUB | | Well No. 53 | | - | ing Formation | | | of Lease | | ess No. | | | |
| Location | D NE | | WARF | REN BLI | NEBRY TU | BB 0 & 0 | State | Federal or Fee | LC 0 | 634580 | | | |
| Unit LetterC | : 660 | | _ Feet F | rom The N | ORTH Line | and19 | 980 F | set From The _ | WEST | Line | | | |
| Section 26 | 20 | S | Ransa | , 38 | E .N | MPM. LE | | | | County | | | |
| III DECICNATION OF TRAN | CDODATE! | . 05 0 | | | | | · | | | County | | | |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil | | _ | | D NATU | | e address to w | hick approved | l copy of this fo | rm is to be se | ent) | | | |
| EOTT OIL PIPELINE CO. EX (EEC) | | | | | P.O. BOX 4666, HOUSTON, TX. 77210-4666 Address (Give address to which approved copy of this form is to be sent) | | | | | | | | |
| WARREN PETROLEUM CO. | ne of Authorized Transporter of Casinghead Gas (XX) or Dry Gas (ARREN PETROLEUM CO. | | | | | | | copy of this fo , NM 882 | | mt) | | | |
| If well produces oil or liquids, zive location of tentes. | | Sec. 28 | Twp. 1205 | Rge | ls gas actually | | When | | | - | | | |
| If this production is commingled with that i | <u> </u> | | | 38E | YES |)er: | | | | | | | |
| IV. COMPLETION DATA | | Oil Well | | | · | | γ | 1 1 | | | | | |
| Designate Type of Completion | • • | | i | Ges Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | | | |
| Date Spadded | Date Compi. | . Ready to | Prod. | | Total Depth | | | P.B.T.D. | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing I | | | |) | Top Oil/Ges Pay | | | Tubing Depth | | | | | |
| Perforitions | | · · · · · · · · · · · · · · · · · · · | | | | | | Depth Casing Shoe | | | | | |
| | | | | | | | | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | DEPTH SET | | | SACKS CEMENT | | | | | |
| TIOLE GEL | CASING & TUBING SIZE | | | | | | | 3 | ACKS CEMI | <u> </u> | | | |
| | | | · | | | | | | | | | | |
| | | | | | | | ······································ | | | | | | |
| V. TEST DATA AND REQUES OIL WELL Tast must be after re | | | | ાં કરત જાલ | he equal to or | enceed top allo | mahla for this | desth ar he fa | e full 24 hour | | | | |
| Date First New Oil Rua To Tank | Date of Test | | -, | | Producing Med | | | | | •., | | | |
| Length of Test Tubing Pressure | | | | | Casing Pressur | | | Choks Size | | | | | |
| Accord Band Physics Tree | | | | | 19/ 76.1 | | | Con Mar | Gas- MCF | | | | |
| Actual Prod. During Test | rod. During Test Oil - Bbls. | | | | | Water - Bbis. | | | OS MCI | | | | |
| GAS WELL | | | • | | · | | | | | | | | |
| Actual Prod. Test - MCF/D | Length of Test | | | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | | | |
| sting Mathod (pitet, back pr.) Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | · · · · · · · · · · · · · · · · · · · | | | | | |
| UI OPER A TOR CERTIFICA | | | | | | | | | | <u> </u> | | | |
| VI OPERATOR CERTIFIC | | | | ICE | Ö | IL CON | SERV | TION C | UVISIO | N | | | |
| Division have been complied with and the is true and complete to the best of my kn | at the inform | atioe give | a above | l | | | | NUV () | 5 1993 | | | | |
| | | | | | Date | Approved | d | | | | | | |
| Signature Signature | ByORIGINAL SIGNED BY JERRY SEXTON | | | | | | | | | | | | |
| Signature BILL R. KEATHLY SR. REGULATORY SPEC. | | | | | | | STRICT | UPERVISOI | (| | | | |
| 10-29-93 | 915-6 | 386-54 | | | Title_ | | | | | | | | |
| Dete | | Telep | obone N | 0. | | | | | | · | | | |

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.

OFFICE.