

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	
Operator	

CONOCO INC.

Address

P. O. Box 460, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Warren Unit Blinberry	62	Blinberry Oil & Gas	State, Federal or Fee	LC-05/620B
Location				
Unit Letter	A	Feet From The	S	Line and
	660			660
				Feet From The
				E
Line of Section	20	Township	20S	Range
				38E
				NMPM, Lea
				County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Condor Inc Surface Transport	Hobbs					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Co.	Hobbs					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	20	20	38	yes	7-2-80

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. R.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
04-27-80	07-01-80	6795'	6753'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
GL 3550'	Blinberry Oil/Gas	5836'	6222'					
Perforations			Depth Casing Shoe					
5836' - 6198'			6795'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8"	1443'	520					
8 3/4"	7"	6795'	2020					
	2 3/8"	6222'						

IV. 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.)	
7-2-80	7-15-80	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	45 psi	45 psi	open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
160	62	98	59

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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.

Jane A. Kuri

(Signature)

Administrative Supervisor

AUG 15 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 15 1980, 19

BY John W. Rumpas

TITLE Geologist

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 logs taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 conditions.

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

INCLINATION REPORT

OPERATOR Conoco Inc. ADDRESS Box 460, Hobbs, N.M. 88240
 LEASE NAME Warren Unit WELL NO. 62 FIELD _____
 LOCATION Section 20, T-20S, R-38E. Lea County

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
270	1/4	1.1180	1.1180
500	3/4	1.0120	2.2000
772	1	4.7600	6.9600
1016	1	4.2700	11.2300
1327	1	5.4425	16.6725
1444	3/4	1.5327	18.2052
1945	1	8.7675	26.9727
2434	1 1/4	10.6602	37.6329
2950	1	9.0300	46.6629
3430	1	8.4000	55.0629
3923	1	8.6275	63.6904
4417	1	8.6450	72.3354
4911	1 1/4	10.7692	83.1046
5174	1	4.6025	87.7071
5672	1 1/4	10.8564	98.5635
6170	1 1/4	10.8564	109.4199
6450	3/4	3.6680	113.0879
6780	1 1/2	8.6460	121.7339

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

Rhonda Ford
 TITLE Rhonda Ford, Office Mngr.

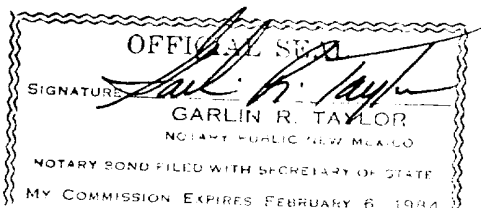
AFFIDAVIT:

Before me, the undersigned authority, appeared Rhonda Ford known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Rhonda Ford
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 20 day of May, 1980

SEAL



Notary Public in and for the County
 of Lea, State of New Mexico