

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	CONOCO INC.
Address	P. O. Box 460, Hobbs, N.M. 88240
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Warren Unit Tubbs	62	Warren Tubbs Oil	State, Federal or Fee	LC-031670 B
Location	Unit Letter <u>P</u> : <u>660</u> Feet From The <u>S</u> Line and <u>660</u> Feet From The <u>E</u>			
Line of Section	<u>20</u>	T. or S.	<u>20S</u>	Range
				<u>38E</u> , NMPM, <u>4eq</u>
				County

3. 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)
Conoco Inc Surface Transpo	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.
	<u>P</u> <u>20</u> <u>20</u> <u>38</u>
	Is gas actually connected? When
	<u>yes</u> <u>7-2-80</u>

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

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>4-27-80</u>	<u>7-1-80</u>	<u>6795'</u>	<u>6753'</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>GL 3550'</u>	<u>Warren Tubbs Oil</u>	<u>6495'</u>	<u>6690'</u>					
Perforations	Depth Casing Shoe							
<u>6495' - 6667'</u>	<u>6705'</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>7 5/8"</u>	<u>1443'</u>	<u>520</u>					
<u>8 3/4"</u>	<u>7"</u>	<u>6295'</u>	<u>2020</u>					
	<u>2 3/8"</u>	<u>6690'</u>						

5. 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 of well 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.)	
<u>7-2-80</u>	<u>7-7-80</u>	<u>Flowed</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24</u>	<u>100 psi</u>	<u>45 psi</u>	<u>open</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>87</u>	<u>87</u>	<u>0</u>	<u>138</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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. Kier
(Signature)

Administrative Supervisor

(Title)

AUG 15 1980

(Date)

NMOCO-5
USGS-2

File-1

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY Jim W. Murray

TITLE _____

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 device tests 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 filled 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.

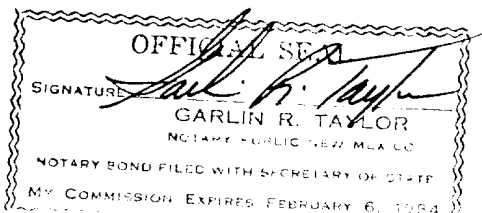
AFFIDAVIT:

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