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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-116
Effective 1-1-55

I.

Operator		CONOCO INC.	
Address		P. O. Box 460, Hobbs, N.M. 88240	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☒	Change in Transporter oil	☐
Recompletion	☐	Oil	☐
Change in Ownership	☐	Condensate Gas	☐
		Dry Gas	☐
		Condensate	☐
		Request a temporary testing allowable of 3550 BBLs for the month of October	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Warren Unit	Well No.	63 Warren Tabb Oil	Kind of Lease	LC 031670 B
Location	State (Federal or Fee)				
Unit Letter	O	660	Feet From The	South	Line and 1980
Line of Section	20	Township	20-S	Range	38-E
				LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	☒	or Condensate	☐	Address (Give address to which approved copy of this form is to be sent)	
Shell Pipeline Co.				Midland TX	
Name of Authorized Transporter of Gas	☐	or Dry Gas	☐	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?
	0	20	20	38	no

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Recomple	Deepen	Plug Back	Same Reservoir	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, R&B, RT, SR, etc.)	Name of Producing Formation	Top of 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 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

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.

Bernard A. Lea
(Signature)
Administrative Supervisor

(Title)
OCT 18 1979

nmocd(4)
nmfu(4), usgs(5), File

OIL CONSERVATION COMMISSION

APPROVED OCT 18 1979, 19
BY Jerry Sexton
TITLE Dist. L. Supr.

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 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.