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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-11
Effective 1-1-65

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 of: To report casinghead
Recompletion ☐ Oil ☐ Dry Gas ☐ gas connection.
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name Warren Unit Tubbs 64 Well No. 64 Pool Name, Including Formation Warren Tubbs oil Kind of Lease State Federal or Fee LC-063458
Location
Unit Letter A 660 Feet From The NORTH Line and 660 Feet From The EAST
Line of Section 26 Township 20S Range 38E, NNPM, Dea County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipeline Company Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Warren Petroleum Co Address (Give address to which approved copy of this form is to be sent)
Elmwood, N.M.
If well produces oil or liquids, give location of tanks. Unit A Sec. 26 Twp. 20 Rge. 38 Is gas actually connected? YES When 7-2-79

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 Workover Deepen Plug Back Same Reafv. Diff. Reafv.
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
Elevations (DF, RAB, RT, CR, 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 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.
C. L. Bradley
Analyst (Signature)
11-20-79 (Date)
NMOC (5) - USGS (2) - PTNRs (4)
OIL CONSERVATION COMMISSION
APPROVED NOV 21 1979, 19 _____
BY Jerry B. ...
TITLE ...
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepener 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.