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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 OIA C-104 and C-110
Effective 1-1-65

I. Operator Conoco Inc. Address Box 460, Hobbs, NM 88265

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Change of Lease Name

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

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 10/6/79
UNLESS AN EXCEPTION TO E-4070
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Warren Unit Subb</u>	<u>64</u>	<u>Warren Tubb Oil</u>	State, Federal or Fee	<u>LC063458</u>
Location				
Unit Letter	<u>A</u>	<u>660'</u> Feet From The <u>North</u> Line and <u>660'</u> Feet From The <u>East</u>		
Line of Section	<u>26</u>	Township <u>20s</u> Range <u>38E</u> , NMPM, <u>Lea</u> County		

III. 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)					
<u>Shell Pipeline Company</u>	<u>Midland, TX</u>					
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)					
<u>Warren Petroleum</u>	<u>Eunice, NM</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>A</u>	<u>26</u>	<u>20</u>	<u>38</u>	<u>NO</u>	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Reservoir, Diff. Reservoir <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.		
<u>4-11-79</u>	<u>5-17-79</u>		<u>6882'</u>		<u>6844'</u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
<u>6844' GR</u>	<u>Tubb</u>		<u>6637</u>		<u>6802'</u>		
Perforations <u>6637, 40, 78, 82, 6706, 11, 19, 41, 50, 54, 57, 63, 69, 96, 6801, 04</u>					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
<u>12 1/4"</u>	<u>9 5/8"</u>		<u>1522'</u>		<u>700</u>		
<u>8 3/4"</u>	<u>7"</u>		<u>6882'</u>		<u>826</u>		
	<u>2 3/8"</u>		<u>6802'</u>				

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.)	
<u>5-17-79</u>	<u>7-14-79</u>	<u>Pump</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 HRS</u>			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	<u>2</u>	<u>13</u>	<u>5</u>

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.

Wm. A. Bartholomew
(Signature)
ADMIN. SUPV.
(Title)
8-1-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 17 1979, 19____
BY Jerry S. [Signature]
TITLE SUPERVISOR DISTRICT I

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.

INCLINATION REPORT

OPERATOR Continental Oil Company ADDRESS PO Box 460, Hobbs, New Mexico 88240
 LEASE NAME Warren Unit WELL NO. 64 FIELD _____
 LOCATION Section 26, T-20S, R-38E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
300	1/4	1.3200	1.3200
500	1/2	1.7400	3.0600
777	1/2	2.4099	5.4699
946	1/2	1.4703	6.9402
1532	1	10.2550	17.1952
2049	1/4	2.2748	19.4700
2542	1	8.6275	28.0975
3035	1	8.6275	36.7250
3188	1 1/2	3.3354	40.0604
3684	1 1/4	10.8128	50.8732
4146	1 1/4	10.0716	60.9448
4633	1	8.5225	69.4673
5123	1	8.5750	78.0423
5323	1	3.5000	81.5423
5688	1	6.3875	87.9298
6164	1	8.3300	96.2598
6653	1	8.5575	104.8173
6870	1/4	.9548	105.7721

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

John Ayers

TITLE John Ayers, Office Manager

AFFIDAVIT:

Before me, the undersigned authority, appeared John Ayers
 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.

John Ayers

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 30th day of April, 1979

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL

James L. Murphy
 Notary Public in and for the County
 of Lea, State of New Mexico