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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Ameria, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator		9 1115	1101	0111 01	L AND IN	TIONAL	. GAS	Well	API No.	· · · · · · · · · · · · · · · · · · ·		
Conoco Inc.					30-025-26313							
10 Desta Drive St	te 100W,	Midla	nd,	TX 79	705							
Reason(s) for Filing (Check proper box)					O	het (Piesse	explain)	<del></del> -	<del>"</del>			
New Well Recognistion		ai <del>agast</del> XX		_								
Change is Operator	Oil Casingheed (		Dry Ge Conde		EF	FECTIVE	NOVE	MBER	1 1993			
If change of operator give name and address of previous operator	<del></del>		· · · · · · · · · · · · · · · · · · ·								<del></del>	
II. DESCRIPTION OF WELL	ANDIEAC	· · · · · · · · · · · · · · · · · · ·										
Lease Name	14	Vell No.	Pool N	ame, Includ	ing Formation	<del> , ,,</del>		Kind (	of Lease	ī	ease No.	
WARREN UT BLINEBRY TUE	INEBRY TUBB WF   76   WARREN B			EN BLI	INEBRY TUBB O & G				LC 031695B			
Location	1980			5	SOUTH L		1980			FAST		
Unit Letter	- :		Feet Fr			bes es	·	Fe	et From The	BADI	Line	
Section Township	20 S		Range	38	E .	MPM,	LEA		·		County	
III. DESIGNATION OF TRAN	SPORTER	OF OI	L AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil EOTT OIL PIPELINE CO.	XXI (EEC	Condens			Address (G		-	-		orm is to be s	*	
Name of Authorized Transporter of Casing	beed Gas	XXIIIe	ergy eti Day	Pipeline	Address (Gi	)X 4666 w address t	o which a	STON	TX. 7	7210–466	36 ent)	
TEXACO EXPL & PROD CO.			P.O. BOX 3000, TULS									
If well produces oil or liquids, give location of tracks.	Unit   Se		<b>Twp.</b> 20S	Rgs.  38E	Is gas actually connected? YES		Whee	7				
If this production is commingled with that i												
IV. COMPLETION DATA		<b></b>	<del></del>		γ	7	<del></del>					
Designate Type of Completion	(x)	Oil Well	1 0	ies Weil	New Well	Workove	er   De I	epes	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. I	Ready to !	Prod.		Total Depth	<u> </u>	<u></u>		P.B.T.D.	<del></del>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations						•			Depth Casin	g Shoe		
TUBING, CASING AND					CEMENT	NG REC	ORD		<u> </u>			
HOLE SIZE CASING			G & TUBING SIZE			DEPTH SET			SACKS CEMENT			
						· · · · · · · · · · · · · · · · · · ·						
V. TEST DATA AND REQUES	T FOR ALI	LOWA	BLE	<del></del>					<u> </u>			
OIL WELL (Test must be after re				il and must						for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow	, pump, go	us light, ed	lc.)			
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	O's RNs				Water - Pole				Gas- MCF			
Verine Lion pressed sear	Oil - Bbis.				Wasi - Pola							
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condenses/MMCF				Gravity of Condensate				
Testing Method (pitot, back pr.)	(Shut-in)				Casing Pressure (Shut-ia)				Choles Size			
VI, OPERATOR CERTIFIC				CE	,	אור כמ	MCE	5\/ <i>E</i>	ATION I	BIVISIO	nisi -	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION NOV 0 5 1993						
is true and complete to the best of my knowledge and belief.						Date Approved						
B: 01%	>00.					• •						
Signature BILL R. KEATHLY SR. REGULATORY SPEC.					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
Printed Name Title												
10-29-93	915-6	86-54	24		Title	<del></del>						
Date		Telept	nose No	).								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.