

DISTRIBUTION	
SANTA FE	
FILE	
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-110
Effective 1-1-65

I. Operator CONOCO INC.
Address P.O. Box 460 HOBBS, NM 88240
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
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 <u>WARREN UNIT BUNEY BTRY 1</u>	Well No., Pool Name, including Formation <u>77 BUNEY OIL & GAS</u>	Kind of Lease State, <u>(Federal)</u> or Fee	Lease No. <u>LC 0316705</u>
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line of Section <u>20</u> Township <u>20-S</u> Range <u>38-E</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"/> <u>SHELL PIPELINE CO</u>	Address (Give address to which approved copy of this form is to be sent.) <u>MIDLAND, TX 79701</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>WARREN PETROLEUM CO.</u>	Address (Give address to which approved copy of this form is to be sent.) <u>MIDLAND, TX 7970</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>35</u>	Trp. <u>20</u>	Row. <u>38</u>	Is gas actually connected? <u>YES</u>	When <u>9-20-79</u>

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

V. 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 as prev. Drill. Reperf. <input type="checkbox"/>
Date Spudded <u>7-23-79</u>	Date Compl. Ready to Prod. <u>9-5-79</u>		Total Depth <u>6790</u>		P.B.T.D. <u>6748</u>		
Elevations (DF, RKB, RT, GK, etc.) <u>3555</u>	Name of Producing Formation <u>BUNEY</u>		Top Oil Gas Pay <u>5832'</u>		Tubing Depth <u>6102</u>		
Perforations <u>5832' - 6102'</u>				Depth Casing Shoe <u>6790</u>			
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
<u>12 1/4"</u>	<u>9 5/8" 36 #</u>		<u>1928'</u>		<u>420</u>		
<u>8 3/4"</u>	<u>7" 26 #</u>		<u>6790'</u>		<u>2117</u>		
	<u>3 1/2"</u>		<u>6102'</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 to: allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>8-24-79</u>	Date of Test <u>10-22-79</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMPING</u>	
Length of Test <u>24 HR</u>	Tubing Pressure <u>95</u>	Casing Pressure <u>95</u>	Choke Size <u>NA</u>
Actual Prod. During Test	Oil - Bbls. <u>107</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>256</u>

GAS WELL

GRAVITY - 37°

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

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.

Bern A. Lee
(Signature)
Administrative Supervisor

NOV 5 1979

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 8 1979, 19
BY Tom W. Runyan
Geologist
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 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.

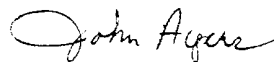
NCLINATION REPORT

OPERATOR Conoco Incorporated ADDRESS PO Box 460, Hobbs, New Mexico 88240
 LEASE NAME Warren Unit WELL NO. 77 FIELD _____
 LOCATION Section 20, T-20S, R-38E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
300	1/4	1.3200	1.3200
623	1	5.6525	6.9725
846	1 1/2	5.8426	12.8151
1032	1/4	.8184	13.6335
1428	1/4	1.7424	15.3759
1891	3/4	6.0653	21.4412
2388	1 1/2	13.0214	34.4626
2852	1 1/4	10.1152	44.5778
2955	1	1.8025	46.3803
3414	1	8.0325	54.4128
3566	3/4	1.9912	56.4040
4065	3/4	6.5369	62.9409
4564	1	8.7325	71.6734
4755	1/2	4.3513	76.0147
5251	3/4	6.4976	82.5123
5751	1	8.7500	91.2623
5801	1	.8750	92.1373
6308	1	8.8725	101.0098
6790	1	8.4350	109.4448

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

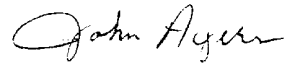
CACTUS DRILLING COMPANY



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.

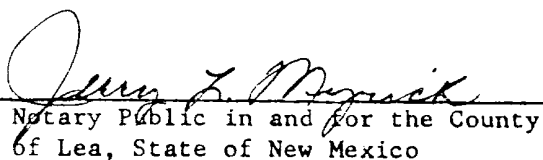


AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 10th day of August, 1979

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL


 Notary Public in and for the County
 of Lea, State of New Mexico