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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-110
Effective 1-1-65

Operator	CONOCO INC.	CASINGHEAD GAS MUST NOT BE TRANSPORTED WITHOUT AN EXCEPTION TO R-407C BE OBTAINED.
Address	P. O. Box 460, Hobbs, N.M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Respectfully request allowable assignment for new well
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner		

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Warren Unit TUBB 2006	78	Warren TUBB (oil)	State, <input checked="" type="radio"/> Federal or Fee	LC 0316 70(b)
Location				
Unit Letter	1980	Feet From The	South Line and	660
		Feet From The	East	
Line of Section	20	Township	20-S	Range
			38-E	NMPM, Lea County

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)					
Conover, Inc. Surface Trans	Hobbs, New Mexico 88240					
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)					
N/A	N/A					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	20	20	38	Venting	N/A

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

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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-25-79	12-30-79	6835	6807					
Elevations (DF, RKB, RT, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3947.8	TUBB	6472	6692					
Perforations	Depth Casing							
6518 - 6682	6810							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	9 5/8	1450	520
8 3/4	7	6835	1543
	2 3/8	6692	

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, <input checked="" type="checkbox"/> pump, gas lift, etc.)	
12-30-79	1-24-80		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	40 PSI	40 PSI	NC
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	45	0	68

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

I. 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.

M. M. Richardson
(Signature)
Administrative Supervisor
JAN 28 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]*, 19 *1980*
BY *[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.

1 MOCDC4) USGS(2) NMFL(4) file(1)

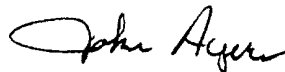
INCLINATION REPORT

OPERATOR Conoco Incorporated ADDRESS PO Box 460, Hobbs, New Mexico 88240
 LEASE NAME Warren Unit WELL NO. 78 FIELD New Mexico Federal Unit
 LOCATION Section 20, T-20S, R-38E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
400	1/2	3.4800	3.4800
761	1	6.3175	9.7975
1196	1 1/4	9.4830	19.2805
1433	3/4	3.1047	22.3852
2007	1 1/4	12.5132	34.8984
2615	1 1/2	15.9296	50.8280
2959	1	6.0200	56.8480
3554	1	10.4125	67.2605
4054	1 1/4	10.9000	78.1605
4391	1 1/4	7.3466	85.5071
4899	1	8.8900	94.3971
4395	1 1/4	10.8128	105.2099
5893	1 1/2	13.0476	118.2575
6223	1	5.7750	124.0325
6835	2	21.3588	145.3913

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.

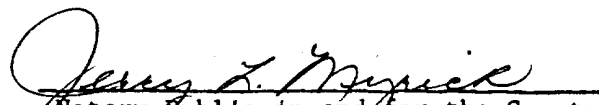


AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 20th day of November, 19 79

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL


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