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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.	
Address P. O. Box 460, Hobbs, N.M. 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>
Other (Please explain) <i>Respectfully request allowable establishment for I.P. of newly completed well.</i>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Warren Unit Blinley #6	Well No. 78	Pool Name, Including Formation Blinley Oil	Kind of Lease State, Federal or Fee	Lease No. LC 0316 70(6)
Location Unit Letter <u>I</u> 1980 Feet From The <u>South</u> Line and <u>660</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"/> Conoco, Inc. Surface Trans.	Address (Give address to which approved copy of this form is to be sent) Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Venting	Address (Give address to which approved copy of this form is to be sent) N/A	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 20
	Twp. 20	Rge. 38
	Is gas actually connected? NO	When N/A

If this production is commingling 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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 10-25-79	Date Compl. Ready to Prod. 12-30-79	Total Depth 6835	P.B.T.D. 6807					
Elevations (DF, RKB, RT, etc.) 3947.8	Name of Producing Formation Blinley	Top Oil/Gas Pay 5962	Tubing Depth 420					
Perforations 5878-	6115	Depth Casing Shoe 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 1/8	6835	1543					
	2 3/8	6120						

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 12-30-79	Date of Test 1-24-80	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test 24	Tubing Pressure 30 p.s.i.	Casing Pressure 30 p.s.i.	Choke Size NC
Actual Prod. During Test →	Oil - Bbls. 20	Water - Bbls. 3	Gas - MCF 10

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.

*Ann M. Richardson*  
(Signature)  
Administrative Supervisor

JAN 28 1980

(Date)

11MOLDC(4) USGSL2) NMPM(4) file(1)

OIL CONSERVATION COMMISSION

APPROVED JAN 30 1980, 19  
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.

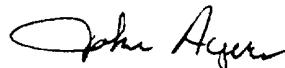
## INCLINATION REPORT

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.

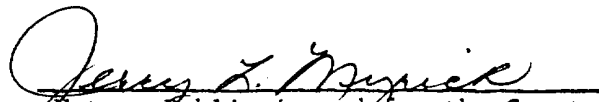


AFFIANT'S SIGNATURE

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