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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

I. OPERATOR

Operator: **CONOCO INC.**

Address: **P. O. Box 460, Hobbs, N.M. 88240**

Reason(s) for filing (Check proper box):
 New Well
 Recompletion
 Change in Ownership
 Change in Transporter of:
 Oil
 Casinghead Gas
 Dry Gas
 Condensate
 Other (Please explain): **Request allowable assignment for newly completed well**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **Burger B-20** Well No.: **2** Pool Name, Including Formation: **Warren TUBB (oil)** Kind of Lease: **State** Lease No.: **CC 03167061**

Location: Unit Letter **G**; **1980** Feet From The **N** Line and **1980** Feet From The **E**

Line of Section **20** Township **20-S** Range **38-E**, NMPM, **Lee** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: **Conoco Inc. - Surface Trans.** Address: **Hobbs, New Mexico 88240**

Name of Authorized Transporter of Casinghead Gas or Dry Gas: **Warren Petroleum Co.** Address: **Hobbs, New Mexico 88240**

If well produces oil or liquids, give location of tanks: Unit **G** Sec. **20** Twp. **20S** Rge. **38E** Is gas actually connected? **NO** When **NA**

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.

Date Spudded: **11-17-79** Date Compl. Ready to Prod.: **1-28-80** Total Depth: **6760** P.B.T.D.: **6722**

Elevations (DF, RKB, RT, CR, etc.): **3556** Name of Producing Formation: **TUBB** Top Oil/Gas Pay: **6507** Tubing Depth: **6660**

Perforations: **6507-6517 ; 6604-6645** Depth Casing Shoe: _____

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	9 5/8"	1450	515
8 3/4	7"	6760	1571
	2 3/8"	6660	

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: **1-28-80** Date of Test: **2-15-80** Producing Method: **Flow**

Length of Test: **24** Tubing Pressure: **90** Casing Pressure: **675** Choke Size: **18/64**

Actual Prod. During Test: **→** Oil - Bbls.: **160** Water - Bbls.: **2** Gas - MCF: **215**

GAS WELL **GOR-1344**

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.

W. A. Huttar
 (Signature)
 Administrative Supervisor
 (Title)
FEB 29 1980
 (Date)

OIL CONSERVATION COMMISSION

APPROVED: **MAR 3 1980**

BY: **[Signature]**

TITLE: **ADMINISTRATOR DISTRICT**

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.