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DISTRICT I Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Depart

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

Date Approved __

NOV 05 1993

Revised 1-1-89

DISTRICT III

DISTRICT II P.O. Drawer DD, Astonia, NM 88210

1000 Rio Brazos Rd., Aziec, NM 87	REQUES	T FOR ALLOW				1				
Operator	10	TRANSPORT C	IL AND N	ATURAL (I API No.				
Conoco Inc.					30-025-26586					
Address 10 Desta Drive	e Ste 100W. M	idland. TX	79705			00 020 20	7000			
Resson(s) for Filing (Check proper b				shan (Diamana)						
New Well		ge in Transporter of:		ther (Please ex	plain)					
Recompletion	Oil	XX Dry Gas								
Change in Operator	Casingheed Gas		E.	FFECTIVE	NOVEMB	ER 1 1993				
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WE	I AND I BASE		***************************************			····				
Lease Name	Well	No. Pool Name, Inch	dine Formetics		Vi.	of Lease		ease No.		
BURGER B-20	3		_			, Federal or Fee				
Location		DOINBONI	OID & Of	מני			<u> </u>	<u>031670B</u>		
Unit Letter	1980	Feet From The _	NORTH L	ne and	660	Feet From The	EAST	Line		
20	00.0							Line		
Section Tow	aship 20 S	Range	38 E .	IMPM,	LEA			County		
III. DESIGNATION OF TR	ANCDODITED OF	OT AND NAME	mar cae							
Name of Authorized Transporter of Oi	1	OIL AND NAT	Address (Gi	w address to w	hich annone	d come of this form	ie to be se	me)		
EOTT OIL PIPELINE (XO. LABEC)	Effective 4-1-04		30X 4666	HOUSTO	N. TX. 77	210-46	~) ee		
Name of Authorized Transporter of Ca	singhead Gas X	or Dry Gas	Address (Gi			i copy of this form				
WARREN PETROLEUM			P.O.	BOX 1589	O, TULSA	, OKLA. 7		·		
If well produces oil or liquids, pive location of tanks.	Unit Sec.				When	7				
	F 20	20S 38E	YE							
f this production is commingled with the COMPLETION DATA	M HOLE MAY OUR MAN	or hoor' the committee	hing other num	Der:						
Designate Type of Completi	Oil V	Veli Ges Well	New Well	Workover	Deepea	Plug Back Sa	me Res'v	Diff Res'v		
Designate Type of Complete Date Spudded			T. (D. c)		1	<u> </u>		<u> </u>		
one spaces	Date Compl. Read	y to Prod.	Total Depth			P.B.T.D.				
levations (DF, RKB, R., GR, etc.)	Name of Producing	Top Oil/Gas Pay			This Post					
, , , , , , , , , , , , , , , , , , , ,		Name of Frontage Commence			, , , , , , , , , , , , , , , , , , , ,			Tubing Depth		
erforations					Depth Casing Shoe					
·····										
		TUBING, CASING AND								
HOLE SIZE	CASING &	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
						ļ				
				·····						
								·····		
. TEST DATA AND REQU	EST FOR ALLOY	VABLE	<u> </u>			<u> </u>				
	r recovery of total volue		be equal to or	exceed top allo	nvable for this	depth or be for fi	ull 24 hours	r.)		
Date First New Oil Run To Tank	Date of Test			thod (Flow, pu						
ength of Test	Tubing Pressure		Cating Pressure			Choke Size				
ctual Prod. During Test	i Oil Bhi	Water - Pols			Gas- McF					
SAME LIANT TANK 1687	Ou - Bbis.	Oil - Bbis.			water - Bulk			GEF MCF		
7.4.C. TUTOL 2		-	<u> </u>			<u> </u>	•			
GAS WELL count Prod. Test - MCF/D			INCL C-1			·				
	Length of Test		Bbis. Condens	BH/MMCF		Gravity of Coad	mente			
sting Method (pitot, back pr.)	Tubing Pressure (Si	nt-in)	Casing Process	es /Ghist-in/		Choke Size				

Date Telephone No.

SR.

VI. OPERATOR CERTIFICATE OF COMPLIANCE -

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gi is true and complete to the best of my knowledge and belief.

KEATHLY

Signature BILL R.

Printed Name

10-29-93

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.

Title.

- 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.

de,

STAFF ANALYST

Tide 915-686-5424