			No.			
NO. OF COPIES REC	Elven					
	DISTRIBUTION					
SANTA FE						
FILE						
U.S.G.5.						
						LAND OFFICE
TRANSPORTER	OIL	ļ				
	GAS	ļ				
OPERATOR .						
PROPATION OFFICE						
Operator CONOLO INC.						
Address P.O.	30x 45	0. H	obb			
		-,	- ~ ~			
Reason(s) for filing (Check proper box.						
New Well	$\boxtimes$					
Recompletion						
Change in Ownership						
If change of owners			1e			

JUN 27 1980

	DISTRIBUTION SANTA FE		CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1	
	FILE	_	AND	Effective 1-1-65	
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (	GAS	
	TRANSPORTER OIL				
	OPERATOR GAS	4			
1.	PROPATION OFFICE	1			
	Operator CONUCU INC.				
	Address P. O. Box 450, Hobb				
	Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please explain)		
	Recompletion	Cil Dry Go			
	Change in Ownership	Casinghead Gas Conder	nsate		
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND				
	Buryer B-70	Well No. Pool Name, Including F	Off 4 Gras State Federal	For Fee LC OSI670B	
	Unit Letter H : /a	60 Feet From The Lin		The <u>E</u>	
	Line of Section 20 Tox	waship 20) S Range	38E, NMPM, Lea	County	
III.	DESIGNATION OF TRANSPOR	rer of oil and natural ga	AS Address (Give address to which approx	ved copy of this form is to be sent)	
	Texas New-Mex Name of Authorized Transporter of Case	n - 1 -	Eunice NM Address (Give address to which approv	,	
	Warren Petr	oleum	1 Tulsa, OKlal	~ 0 ~ e,	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Page.	Is gas actually connected? Whe	6-5-80	
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,			
	Designate Type of Completic	on - (X)   Oil Well   Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	3-20-80 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	6840' Top 0!1/Gas Pay	Tubing Depth	
	GL 3557'	Blinebry Oil &Gas	1 .	6683 6026	
	S916 - 6024			Depth Casing Shoe	
	3 (10 00	TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12 1/4"	147 93/8"	1471	520	
	8 / 4	23/8"	<del>6683</del> 6036'		
••		On AT VOULTRY TO			
٧.	TEST DATA AND REQUEST FOOIL WELL  Date First New Oil Bun To Tanks		must be after recovery of total volume of load oil and must be equal to or exceed top allow- for this depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)		
	5-17-80	6-4-80	Pump	,	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 hrs. Actual Prod. During Test	OII-Bbls.	Water-Bble.	Gas-MCF	
	12	12	- 0	5	
1	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
ļ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	resting Matroa (pitot, buck pri)	Tubing Presente ( Baut-14 )	Costing Press and Control and		
VI.	CERTIFICATE OF COMPLIANC	Œ	OIL CONSERVA	TION COMMISSION	
	I hereby certify that the rules and n	egulations of the Oil Conservation	APPROVED A	A	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. By			unyan		
			TITLE SAGO		
		/ ,	***	omplience with pill # 1104	
	Jane a.	Her	This form is to be filed in compliance with RULE 1104.  If this is a request for ellowable 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 AULE 111.		
•	(Signa	(we)			
Administrative Supervisor		tests taken on the well in accordance with notice it.			

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 consoleted wells.