

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Comoco Inc. Well API No. 20-025-26632
Address 10 Desta Dr. STE 100 W, Midland TX 79705
Reason(s) for Filing (Check proper box) ☒ Other (Please explain) Change lease Name
New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Operator ☐
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE Warren
Lease Name Warren Un. Blin/Tubb WA 77 Well No. 77 Pool Name, Including Formation Blinebry/Tubb Oil + Gas Kind of Lease State, Federal or Fee Lease No. LC 6634580
Location Unit Letter D : 660 Feet From The N Line and 660 Feet From The W Line
Section 25 Township 20 S Range 38 E NMPM, Lee County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil Shell Pipeline ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland TX 79702
Name of Authorized Transporter of Casinghead Gas Warren Petroleum Co. ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) P.O. Box 67, Monument, N.M. 88265
If well produces oil or liquids, give location of tanks. Unit H Sec 33 Twp. 20 S Rge. 38 E Is gas actually connected? Yes When? 6-1-91
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA
Designate Type of Completion - (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. _____
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
Perforations _____ Depth Casing Shoe _____
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE _____ CASING & TUBING SIZE _____ DEPTH SET _____ SACKS CEMENT _____

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 Tank _____ Date of Test _____ Producing Method (Flow, pump, gas lift, etc.) _____
Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____

GAS WELL
Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Testing Method (pump, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

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 given above is true and complete to the best of my knowledge and belief.
Bill R. Keathly
Signature Bill R. Keathly Sr. Staff Analyst
Printed Name 12-10-91 Title 915-686-5424
Date Telephone No.

OIL CONSERVATION DIVISION
Date Approved _____
By _____
Title _____

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.
- 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.