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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-111
Effective 1-1-65

I.

Operator CONOCO INC.	
Address P. O. Box 460, Hobbs, N.M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change of Lease Name
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Warren Unit Tubb	Well No. 79	Pool Name, Including Formation Warren Tubb Oil	Kind of Lease State, Federal or Fee	Lease No. LC-063458
Location Unit Letter <u>D</u> ; <u>660</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>W</u> Line of Section <u>35</u> Township <u>20S</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"/> Shell Pipeline	Address (Give address to which approved copy of this form is to be sent) Eunice, NM.	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) Eunice, NM.	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 20
	Twp. 20	Rge. 38
	Is gas actually connected? yes	When 5-31-80

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-8-80	Date Compl. Ready to Prod. 5-15-80	Total Depth 6830'	P.B.T.D. 6775'					
Elevations (DF, RKB, RT, GR, etc.) GL 3549'	Name of Producing Formation Warren Tubb Oil	Top Oil/Gas Pay 6627'	Tubing Depth 6705'					
Perforations 6627' - 6721'	Depth Casing Shoe 6850'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8"	1600'	593					
8 7/8"	7"	6830'	1228					
	2 3/8"	6705'						

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 5-18-80	Date of Test 6-15-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 45 psi	Casing Pressure 25 psi	Choke Size open
Actual Prod. During Test 53	Oil-Bbls. 53	Water-Bbls. - 0 -	Gas-MCF 115

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.

June A. Wein
(Signature)

Administrative Supervisor

(Title)

7-14-80

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUL 16 1980

19

BY

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

INCLINATION REPORT

OPERATOR Conoco Inc. ADDRESS Box 460, Hobbs, N.M. 88240
 LEASE NAME Warren Unit WELL NO. 79 FIELD _____
 LOCATION Section 35, T-20S, R-38E, Lea County

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
500	1/4	2.2000	2.2000
733	1/4	1.0252	3.2252
1010	1/2	2.4099	5.6351
1257	1	4.3225	9.9576
1484	1	3.9725	13.9301
1600	3/4	1.5196	15.4497
1850	3/4	3.2750	18.7247
2250	3/4	5.2400	23.9647
2500	1	4.3750	28.3397
2936	1 1/2	11.4232	39.7629
3446	1	8.9250	48.6879
3949	1/4	2.2132	50.9011
4422	3/4	6.1963	57.0974
5021	1	10.4825	67.5799
5348	3/4	4.2837	71.8636
5838	1	8.5750	80.4386
6335	1	8.6975	89.1361
6830	1 1/4	10.7910	99.9271

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

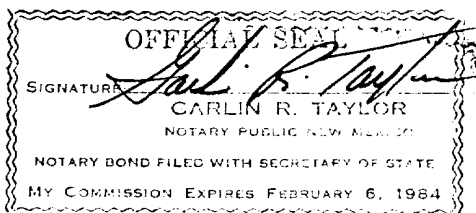
Rhonda Ford
 TITLE Rhonda Ford, Office Mngr.

AFFIDAVIT:

Before me, the undersigned authority, appeared Rhonda Ford
 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.

Rhonda Ford
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 1st day of May, 19 80



SEAL

Notary Public in and for the County
 of Lea, State of New Mexico