

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Operator Conoco Inc.	
Address P.O. Box 460 Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	
New Well <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"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
If change of ownership give name and address of previous owner _____	
Other (Please explain) We respectfully request permission to temporarily surface commingle production with Warren Unit Blinebry No. 36-D, 27, T20S, R38E. Application was submitted to Santa Fe office 5-10-81.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Warren Unit Battery 3	Well No. 81	Pool Name, Including Formation Warren Tubb	Kind of Lease State, Federal or Fee	Lease No. LC031670B
Location Unit Letter L ; 1780 Feet From The S Line and 660 Feet From The W Line of Section 21 Township 20-S Range 38-E , NMPM, Lea 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"/> No change Conoco Inc. Surface Trans.	Address (Give address to which approved copy of this form is to be sent) Box 2587 Hobbs
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> No change Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) Box 1589 Tulsa, OK 74102
If well produces oil or liquids, give location of tanks. Unit B Sec. 28 Twp. 20 Rge. 38	Is gas actually connected? When Yes NA

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 type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. Diff. P. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, R&B, 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 10% of total volume of load oil for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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

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.

Jane A. Her
(Signature)
Administrative Supervisor

(Title)
June 26, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 1981

BY _____

TITLE _____

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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

OIL CONSERVATION DIVISION

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AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
REGISTRATION OFFICE	

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 in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Warren U. Tubbs RA#6	Well No. 81	Pool Name, Including Formation Warren Tubbs Oil	Kind of Lease State, Federal or Fee	Lease No. LC 0316708
Location Unit Letter <u>L</u> : <u>1780</u> Feet From The <u>S</u> Line and <u>660</u> Feet From The <u>W</u> Line of Section <u>21</u> Township <u>20-S</u> Range <u>38-E</u> , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc. Surface Transpo. Hobbs	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petrol. Hobbs	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? <u>yes</u> When <u>9-17-80</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. R. <input type="checkbox"/>
Date Spudded 6-26-80	Date Compl. Ready to Prod. 8-22-80		Total Depth 6820'		P.B.T.D. 6785'			
Elevations (DF, RAB, RT, GR, etc.) GL 3549	Name of Producing Formation Tubbs		Top Oil/Gas Pay 6393'		Tubing Depth 6714'			
Perforations 6393' - 6705'					Depth Casing Shoe 6820'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	9 5/8"		1500'		650			
8 3/4"	7"		6820'		1781			
	2 3/8"		6714'					

IV. 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 9-15-80	Date of Test 9-21-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 45	Casing Pressure 75	Choke Size Open
Actual Prod. During Test 23	Oil-Bbls. 17	Water-Bbls. 6	Gas-MCF 75

GAS WELL

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

V. 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.

Jane A. Heir
(Signature)
Admin. Support
(Title)

11-19-80
(Date)

11-19-80 USCS-2 NMFM-4

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

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 deviated tests taken on the well in accordance with RULE 111.

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Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-

WELL NAME AND NUMBER: WARREN UNIT #81

LOCATION 1980' FSL & 660' FWL, SEC. 31, T-20-S, R-38E, LEA COUNTY, N.M.
(UNIT, SECTION, TOWNSHIP AND RANGE)

OPERATOR CONOCO INC. CONTRACTOR X-PERT DRILLING CORP.

THE UNDERSIGNED HEREBY CERTIFIES THAT HE IS AN AUTHORIZED REPRESENTATIVE OF THE DRILLING CONTRACTOR WHO DRILLED THE ABOVE DESCRIBED WELL AND THAT HE HAS CONDUCTED DEVIATION TESTS AND OBTAINED THE FOLLOWING RESULTS:

DEGREES @ DEPTH

3/4 4974

3/4 5474

3/4 5974

1 6462

1 6820

DEGREES & DEPTHDEGREES & DEPTH

BY:

X-PERT DRILLING CORPORATION

(REPRESENTATIVE)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 22ND DAY OF JULY, 19 80.

NOTARY PUBLIC

LEA COUNTY, NEW MEXICO

MY COMMISSION EXPIRES: 2/25/84