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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION 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-1
Effective 1-1-65

I.

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Warren Unit Btry 2	Well No. 82	Pool Name, including Formation D-K Abo	Kind of Lease State, <u>Federal</u> or Fee	Lease No. LC 063458
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>E</u> Line of Section <u>35</u> Township <u>20-S</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"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2587, Hobbs, NM					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 730, Hobbs, NM					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 35	Twp. 20	Rge. 38	Is gas actually connected? Yes	When 12-22-80

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 <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. Res'v. <input type="checkbox"/>
Date Spudded 9-02-80	Date Compl. Ready to Prod. 12-12-80		Total Depth 7750'		P.B.T.D. 7740'			
Elevations (DF, RKB, RT, GR, etc., GL 3560'	Name of Producing Formation Abo		Top Oil/Gas Pay 7051'		Tubing Depth 7697'			
Perforations 7055' - 7707'					Depth Casing Shoe 7750'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		1512'		940			
8-3/8"	7"		7750'		1247			
	2-3/8"		7697'					

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 12-31-80	Date of Test 2-26-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24.0	Tubing Pressure 45	Casing Pressure NA	Choke Size Open
Actual Prod. During Test 200	Oil-Bbls. 35	Water-Bbls. 165	Gas-MCF 10

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.

Jane A. Wier
(Signature)

Administrative Supervisor

(Title)

March 17, 1981

(Date)

NMORD-5
USG-5-2

NMFA-4
File-1

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE SUPERVISOR DISTRICT

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 completed wells.

MKT

WELL NAME AND NUMBER WARREN UNIT #82
LOCATION 1980'FNL & 1980'FEL, SEC. 35, T20S, R38E, LEA COUNTY, NEW MEXICO
(GIVE UNIT, SECTION, TOWNSHIP AND RANGE)
OPERATOR CONOCO INC.
DRILLING CONTRACTOR X-PERT DRILLING CORPORATION

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	DEGREES @ DEPTH	DEGREES @ DEPTH
<u>1/4</u> <u>250</u>	<u>1/4</u> <u>3750</u>	
<u>1/4</u> <u>500</u>	<u>3/4</u> <u>4130</u>	
<u>1/4</u> <u>750</u>	<u>3/4</u> <u>4630</u>	
<u>1/4</u> <u>1010</u>	<u>3/4</u> <u>5130</u>	
<u>1/2</u> <u>1250</u>	<u>3/4</u> <u>5630</u>	
<u>3/4</u> <u>1500</u>	<u>1/2</u> <u>5891</u>	
<u>3/4</u> <u>1750</u>	<u>3/4</u> <u>6390</u>	
<u>3/4</u> <u>2000</u>	<u>3/4</u> <u>6891</u>	
<u>3/4</u> <u>2250</u>	<u>1</u> <u>7390</u>	
<u>1</u> <u>2500</u>	<u>1 1/4</u> <u>7750</u>	
<u>1 1/4</u> <u>2750</u>		
<u>1 1/4</u> <u>3000</u>		
<u>3/4</u> <u>3250</u>		

BY: X-PERT DRILLING CORPORATION

Samuel Teague
(REPRESENTATIVE)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 30TH DAY OF SEPTEMBER, 1980

Jeanne Anderson
NOTARY PUBLIC
LEA COUNTY, NEW MEXICO

MY COMMISSION EXPIRES: 2/25/84