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NO. OF COPIES RECEIVED		ONEEDVATION COMMERION	Due C. Mar
SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C+104 Supersedes Old C+104 and C+1
FILE		AND	Effective 1-1-65
U.S.G.S.	- AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	S
LAND OFFICE			
IRANSPORTER OIL			
GAS			
OPERATOR			
I. PRORATION OFFICE			······································
Conoco Inc.			
Address			area
P.O. Box 460 Hobb	s, NM 88240		
Reason(s) for filing (Check proper b	ox)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion		E I	
Change in Ownership	Casinghead Gas Conder		
If change of ownership give name	THIO WAY		
and address of previous owner	TITO WELL HAS REEN DU	AGED IN THE POOL	
	DESIGNATED BELOW. IF Y	OU DO NOT CONCUR	
II. DESCRIPTION OF WELL AN	Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.
Britt B	27 Weir Drinkard	R-6623 State, (Federal)	r Fee LC-031621(b)
Location		4-1-81	
Unit Letter G . 19	380 Feet From The N_Lin	ie and <u>1980</u> Feet From The	•E
		-	
Line of Section 15	Township 20-S Range	37-Е , ммрм, Lea	County
		l c	
III. DESIGNATION OF TRANSPO Name of Authorized Transporter of	OIL AND NATURAL GA	Address (Give address to which approved	d copy of this form is to be sent)
		1	d, TX 79702
Arco Pipeline Corpora	Casinghead Gas 📈 or Dry Gas 📑	Address (Give address to which approved	d copy of this form is to be sent)
Warren Petroleum		P.O. Box 1589 Tulsa	, OK 74102
	Unit Sec. Twp. P.ge.	Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.	G 15 20 37	Yes	12-16-80
If this meduation is commingled	with that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA			Plug Back   Same Restv. Diff. Restv
Designate Type of Comple	Oil Well Gas Well		
Designate Type of Compto		Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	7936'	7898'
8-05-80	10-18-80 Name of Producing Formation		Tubing Depth
Elevations (DF, RKB, RT, GR, etc	Drinkard	6664'	
GL 3562 <sup>t</sup>	DIMAIU		Depth Casing Shoe
6664' - 6850'			7936'
0004 0000	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-5/8"	1272'	3400
8-3/4"	7"	7935'	3400
	2-3/8"	6866'	
			d must he coul to or exceed top allow
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load oil ar lepth or be for full 24 hours)	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	, etc.)
	12-29-80	Pump	
<u>12-04-80</u> Longth of Test	Tubing Pressure	Casing Pressure	Choke Size
24.0	45	145	Open
Actual Pred. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
39	17	22	62
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	BDIE. CONSERECTOR MMC1	
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, buck pr.)	I uping Pressue ( Bruc-In )	· · · · ·	
		OIL CONSERVA	TION COMMISSION
VI. CERTIFICATE OF COMPLI	VI. CERTIFICATE OF COMPLIANCE		
	the stations of the Oil Conservation	APPROVED JAN	, 19
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		and Steller	
above is true and complete to	the best of my knowledge and belief.	BY	JISTRICI, 1
		BY COLL	
$\bigcirc$	- / ·	This form is to be filed in c	ompliance with RULE 1104.
Jane C	1-Dur	I for a newly drilled or deepene	
(	Signature)	well, this form must be accompanied by a tabulation of the well in accordance with AULE 111.	
Administrativ		All sections of this form mus	it be filled out completely for allo
		able on new and recompleted we	114.
	(Title)	able on new and recompressed and	the and the los changes of own
January 21		11	the and VI for changes of own
and a second		Fill out only Sections 1, 11, well name or number, or transports	, 111, and VI for changes of owner of or other such change of condition be filed for each pool in multip

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