Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources De, ment

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Astesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

I.	REQUE	ST FOR	R ALLOWA	ABLE AND IL AND NA	AUTHOF	RIZATION BAS	٧			
Operator Conoco Inc.						We	II API No. 30-025-270	API No. 30-025-27090		
Address 10 Desta Drive St	e 100W. M	lidland	TX 79	705						
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name	Ca Oil Casingheed G	XE D	ansporter of: ry Gas nadensate	_	ect (Please exp ECTIVE N		R 1, 1993			
and address of previous operator II. DESCRIPTION OF WELL	ANDIRACI									
SEMU BORGER 'B'	Well No. Pool Name, Inches			TT AND MAG			of Lease No. 25 LC 031670B			
Location E Unit Letter 20	1650 20 S	Fee	st From The _		99	1	Feet From The	EST	Line	
Section Townshi	P 20 5	Ra	30	E , NA	MPM,	A 			County	
III. DESIGNATION OF TRAN	SPORTER (OF OIL	AND NATI	JRAL GAS	eddress to w	hich approve	d copy of this form	n is to be sen	ut)	
Name of Authorized Transporter of Carin WARREN PETROLEUM CORP.	Address (Give address to which approved copy of this form is to be sent) DE MOLPBOX 1188, HOUSTON, TX. 77251-1188 Address (Give address to which approved copy of this form is to be sent) P.O. BOX 67, MONUMENT, NM. 88265									
If well produces oil or liquids, give location of tanks.	(024650 N 20			la gas actually YES		Whe				
If this production is commingled with that IV. COMPLETION DATA	from say other le	sse or pool,		i	er:					
Designate Type of Completion	- (X) Oi	il Well	Ges Well	New Well	Workover	Deepea	Plug Back Se	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Re	rady to Pro	4.	Total Depth		<u> </u>	P.B.T.D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>			Depth Casing Shoe						
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			CEMENTING RECORD						
TIOLE GLE	OASING & TOBING SIZE			DEPTH SET			SACKS CEMENT			
7. TEST DATA AND REQUES OIL WELL (Test must be ofter to										
Date First New Oil Rua To Tank	t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)									
.ength of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Pbls.			Gas- MCF			
GAS WELL				<u> </u>			<u> </u>			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensette/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
JOPERATOR 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.				OIL CONSERVATION DIVISION Date Approved 1 1 1993						
Signand LL R. KEATHLY S					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Date Date		Telephone	No.	Title						
				1						

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.