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Appropriate District Office
DISTRICT I
P.O. Box 1960, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	ТО	TRANSPO	RT OII	L AND NA	TURAL G	AS				
Operator Conoco Inc.	Well API No.									
Address		<del></del>	.,	•,		3	0-025-2	7091		
10 Desta Drive	Ste 100W, M:	idland, TX	79	705						
Reason(s) for Filing (Check proper bo			_	Out	net (Please exp	lain)	<del></del>			
Recompletion		age in Transports (XIII) Dry Gas								
Change in Operator	Casinghead Ga			EFF	ECTIVE N	OVEMBER	1 1993			
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WEI	LL AND LEASE									
Lease Name WARREN UNIT BLINEBRY	BTY 6 85			ng Formation			of Lease		case No.	
Location	211 3   33	RPINEE	BRY O	L AND G	AS	3.20,	Federal or Fe	I.C. C	)31695A	
Unit Letter	<u> 1980                                    </u>	Feet From	The SO	OUTH Lie	e and 43	10 P	et From The	WEST	Line	
29	20 S		38	T:	TE					
Section Town		Range	CiC	, N	MPM, LE				County	
III. DESIGNATION OF TR			NATU							
Name of Authorized Transporter of Oil or Condensate EOTT OIL PIPELINE CO.				b.			copy of this form is to be sent) TX. 77210-4666			
Name of Authorized Transporter of Ca		or Dry Ge	• 🗆		n 4000, e address to w					
WARREN PETROLEUM COR				P.O. B	OX 67, M	ONUMENT	. NM. ∂8			
If well produces oil or liquids, give location of teals.	Unit Sec.	<b>Twp.</b>       1205   13	R <b>ge.</b> BBE	is gas actuali YES	y co <del>uncted?</del>	Whee	?			
If this production is commingled with t	hat from any other lea	se or pool, give o	omningi	ing order numi	ber:					
IV. COMPLETION DATA	Cit	Well Ges	Weil	New Well	Workover	7 2		le n	him n	
Designate Type of Completic		Well   Celt	Men	i wan wan	WORLDWEF	Dospea	Ling Back	Same Res'v	Diff Resiv	
Date Spudded	Date Compl. Res	ndy to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Produci	ng Formation		Top Oil/Gas	Pay		Tubing Dep	ch .		
		···								
Perforations						•	Depth Canin	ig Shoe		
	NG, CASING	AND	CEMENTING RECORD			ţ				
HOLE SIZE	CASING	& TUBING SIZI		DEPTH SET		SACKS CEMENT				
				·						
V. TEST DATA AND REQU	EST EOD ALL	WADI E								
	est for ALLO recovery of total vo		and must	be equal to or	exceed top allo	mable for this	depth or be	for full 24 hou	F3.)	
Date First New Oil Rua To Tank				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure	<del></del>		Casing Pressu	re		Choke Size			
133111111111111111111111111111111111111										
Actual Prod. During Test	Oil - Bbis.	- Bbis.			Water - Bbis.			Gas- MCI		
GAS WELL							<u> </u>			
Actual Prod. Test - MCF/D	Length of Test		1	Bbis. Conden	man/MIMCF		Gravity of C	ondensate		
				Casing Pressure (Shut-in)						
Testing Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-m)			re (Seut-12)	<b>जनी</b> 27 के 27 के 27 के	Choke Size		- विश्व - अ - अ	
VI. OPERATOR CERTIF	CATE OF CO	MPLIANC	F.		<del></del>					
I hereby certify that the rules and re-	guiations of the Oil Co	DESCRIPTION		" "	IL CON				N	
Division have been complied with a is true and complete to the best of m	nd that the information ry knowledge and beli	n given above ef.		Dete	A ====:==	·	NOV 05	1993		
_	•			Date	Approve					
Signature of the state of the s				By ORIGINAL SIGNED BY JERRY SEXTON						
Sibb K. AdAidiY	SR. STAFF			-,_	- 671	अस्तरकाता <b>उ</b>	OT EX PTOS			
<b>Printed Name</b> 10-29-33	015-686	Title 3-5424		Title						
Date		Telephone No.								

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.