

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	NAT	
OPERATION		
PRODUCTION OFFICE		
Operator		

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator CONOCO INC.	
Address P.O. Box 460, Hobbs, NM 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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Warren Unit Tubb Btry 6	Well No. 86	Pool Name, including Formation Warren Tubb	Kind of Lease State, Federal or Fee LC-031695B	Lease No.
Location Unit Letter <u>I</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>890</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>20S</u> Range <u>38E</u> , NMPM, <u>Lea</u> County				

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 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	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.	Unit P	Sec. 20	Twp. 20S	Rge. 38E	Is gas actually connected? Yes	When 6-28-82

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

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 1-4-82	Date Compl. Ready to Prod. 5-6-82		Total Depth 9325'		P.B.T.D. 7100'			
Elevations (DF, RKB, RT, GR, etc.) 3525' GR	Name of Producing Formation Tubb		Top Oil/Gas Pay 6504'		Tubing Depth 6714'			
Perforations Tubb 6504' - 6704'					Depth Casing Shoe 8600'			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	1448'	1232 sx
8 3/4"	7"	8600'	4580 sx
	2 7/8"	6714'	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

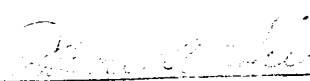
Date First New Oil Run To Tanks 5-20-82	Date of Test 6-4-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 31	Oil-Bbls. 9	Water-Bbls. 22	Gas-MCF 3

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

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.


(Signature)
Administrative Supervisor
(Title)

August 9, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 1982

BY _____ ORIGINAL SIGNED BY _____

TITLE _____ DISTRICT SUPERVISOR

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 Form C-103 must be filed for each pool in multiply completed wells.

WELL NAME AND NUMBER Warren Unit Tubh Btry 6

LOCATION Sec. 29, T29S, R38E, Lea County
(New Mexico give U.S.T&R: Texas give S, BLK, SURV. and TWP)

OPERATOR CONOCO, Inc.

DRILLING CONTRACTOR MORANCO

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:

<u>Degrees and Depth</u>	<u>Degrees and Depth</u>	<u>Degrees and Depth</u>	<u>Degrees and Depth</u>
<u>3/4 196</u>	<u>1 5,650</u>		
<u>3/4 710</u>	<u>1/4 6,102</u>		
<u>1 1,177</u>	<u>3/4 6,559</u>		
<u>3/4 1,448</u>	<u>3/4 7,059</u>		
<u>1/4 1,961</u>	<u>3/4 7,590</u>		
<u>1/4 2,467</u>	<u>3/4 8,087</u>		
<u>1/4 2,707</u>			
<u>3/4 3,206</u>			
<u>1 3,710</u>			
<u>1 4,250</u>			
<u>1/4 4,750</u>			
<u>1 5,150</u>			

Drilling Contractor MORANCO

By

Jerry Gilbert

Subscribed and sworn to before me this 17th day of February 1982

My Commission expires:

10-12-82

Lucky Bingham

Notary Public

Lea County, New Mexico