

## OIL CONSERVATION DIVISION

Form C-104  
Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

2.

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 \_\_\_\_\_

## III. DESCRIPTION OF WELL AND LEASE

Lease Name Warren Unit Blinebry (Battery 1)	Well No. 84	Pool Name, Including Formation Blinebry Oil & Gas	Kind of Lease <del>XXX</del> Federal <del>XXX</del> Fed. LC	Lease No. 0316958
Location Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1920</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>20S</u> Range <u>38E</u> , NMPM, Lea Count				

## IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, TX 79702					
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 88240					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 33	Twp. 20	Rge. 38	Is gas actually connected? Yes	When 11-13-81

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

## V. 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 8-9-81	Date Compl. Ready to Prod. 10-13-81	Total Depth 6170'	P.B.T.D. 6123'					
Elevations (DF, RKB, RT, GR, etc.) GL - 3513'	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5783'	Tubing Depth 6080'					
Perforations Blinebry: 5792' - 6078'			Depth Casing Shoe 6170'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"	1447'		696				
7-7/8"	5-1/2"	6170'		2350				
	2-3/8"	6080'						

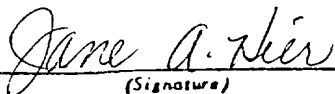
VI. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top all  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10-7-81	Date of Test 11-19-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 55 psi	Casing Pressure 80 psi	Choke Size Open
Actual Prod. During Test 43	Oil-Bbls. 25	Water-Bbls. 18	Gas-MCF 59

## 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

## VII. 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.

Administrative Supervisor

(Title)

12-15-81

(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Jerry Sexton  
Dist. L. Supv

TITLE \_\_\_\_\_

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 deviate  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow  
able 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 conditioSeparate Forms C-104 must be filed for each pool in multipl  
completed wells.

WELL NAME AND NUMBER: WARREN UNIT NO. 84

LOCATION (UNIT, SECTION, TOWNSHIP AND RANGE)

OPERATOR CONOCO, INC. 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:

<u>DEGREES @ DEPTH</u>	<u>DEGREES &amp; DEPTH</u>	<u>DEGREES &amp; DEPTH</u>
0 200	2 2,900	
1/2 400	1 1/2 3,000	
3/4 600	1 1/4 3,210	
1/2 1,000	1 1/2 3,400	
1/4 1,200	2 3,795	
1/4 1,447	2 3,980	
1/2 1,650	2 4,531	
1/2 1,850	1 3/4 4,980	
3/4 2,250	1 1/2 5,480	
1 2,450	1 1/2 5,980	
2 2,700	1 1/2 6,170	
2 2,800		

BY: X-PERT DRILLING CORPORATION

Nancy Whitt  
(REPRESENTATIVE)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 11TH DAY OF SEPTMEBER,  
19 81.

Nancy Ray

NOTARY PUBLIC

LEA COUNTY, NEW MEXICO

MY COMMISSION EXPIRES: APRIL 20, 1982