

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, 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

## OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Conoco Inc.</b>	Well API No. <b>30-025-30473</b>
Address <b>P. O. Box 460, Hobbs, New Mexico 88240</b>	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <b>Name Change</b>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
From: <b>Warren Unit</b>	
To: <b>Warren Unit Drinkard</b>	

If change of operator give name and address of previous operator \_\_\_\_\_

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Warren Unit Drinkard</b>	Well No. <b>94</b>	Pool Name, Including Formation <b>Warren Drinkard</b>	Kind of Lease State, Federal or Fee	Lease No. <b>LC-031695b</b>
Location				
Unit Letter <b>F</b>	<b>1840</b>	Feet From The <b>N</b> Line and <b>2020</b>	Feet From The <b>W</b> Line	
Section <b>28</b>	Township <b>20S</b>	Range <b>38E</b>	NMPM, Lea	County

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Conoco Inc. Surface Transportation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2587, Hobbs, N. M. 88240</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 67, Monument, N. M. 88265</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>E</b>	Sec. <b>27</b>
	Twp. <b>20S</b>	Rge. <b>38E</b>
Is gas actually connected?	When ? <b>1-25-89</b>	

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

#### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

#### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

#### V. 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 allowable for this depth or be for full 24 hours.)

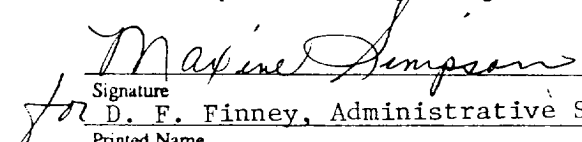
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

#### 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

#### VI. OPERATOR 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  
**D. F. Finney, Administrative Supervisor**  
Printed Name  
**3-10-89** (505) 397-5800  
Date Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved **MAR 13 1989**

By **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

Title \_\_\_\_\_

#### 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.

