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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Departn_at

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		O THAI	NSPC	JHI OIL	AND NA	UHA	LUA	S Well	API No.			
Operator									30-025-30473			
Conoco Inc.									7-023-30-	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
Address P. O. Box 460, Ho	obbs. Ne	w Mex	ico	88240								
Reason(s) for Filing (Check proper box)					Y Othe	r (Pleas	se explai	n)				
New Well	(Thange in	Transpor	rter of:	Na:	me C	hang	e				
Recompletion		From: Warren Unit										
Change in Operator	Casinghead	Gas 🗌	Conden	sate 🗌	То	: W	arre	n Unit	Blinebr	у		
f change of operator give name												
nd address of previous operator												
II. DESCRIPTION OF WELL	AND LEAD	SE			F			Kind	of Lease		ase No.	
Lease Name	ng Formation				State, Federal or Fee LC-031695b							
Warren Unit Blineb	ry	94	Blin	ebry O	il & Gas							
Location	. 1840			om The	J		202	0 =	eet From The	W	Line	
Unit LetterF	_ :		Feet Fr	om the	., LJIM	and _		I	cet I tom The .			
Section 28 Townshi	_D 20S		Range	38E	, NI	лРМ,		Lea			County	
30000 - 100000	E											
III. DESIGNATION OF TRAN	SPORTER	OF OI	LAN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil	X	or Conden	sate						d copy of this f			
Shell Pipeline Compa	P. O. Box 1910, Midland, Texas 79702 Address (Give address to which approved copy of this form a web esent)											
Name of Authorized Transporter of Casin	ghead Gas	X	or Dry	Gas	Address (Giv	e adare	ss to wh	ich approve	t, N. M.	38265 BR265	nu)	
Warren Petroleum			1	1 2				Whe				
If well produces oil or liquids, give location of tanks.	•	Sec.	Twp. 205	Rge. 38E	Yes	y comie	acteu:	1		-25-89		
If this production is commingled with that	D or or other	20						PLC-6				
IV. COMPLETION DATA	from any oute	i lease of	poor, gr	re containing	ing older mail							
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Work	cover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		i		i	İ		<u> </u>	İ	1		
Date Spudded	Date Comp	Date Compl. Ready to Prod.				Total Depth			P.B.T D.			
									m1: D			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
					<u> </u>		·		Depth Casii	no Shoe		
Performions									Dopa. Gal.	.5	•	
		TIDING	CASI	NG AND	CEMENT	NG R	FCOR	D				
1101 5 0175		TUBING, CASING AND CASING & TUBING SIZE					TH SET		SACKS CEMENT			
HOLE SIZE	CASING & TOBING SIZE											
	-											
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	,								
OIL WELL (Test must be after	recovery of to	tal volume	of load	oil and mus	s be equal to o	exceed	d top all	owable for t	his depth or be	for full 24 hou	4rs.)	
Date First New Oil Run To Tank	Producing M	lethod (Flow, p	ump, gas iyi	, elc.)							
	Tubing Pressure				Casing Pressure				Choke Size			
Length of Test					Casing Fies:	a.c						
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				. Gas- MCF			
Actual Prod. During Test												
G. O. VIDLE			-									
GAS WELL Actual Prod. Test - MCF/D	Lanuth of	Test			Bbls, Conde	nsate/N	IMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bots. Condensate White							
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
a sauling assuring (plants, oracle pro-y												
VI. OPERATOR CERTIFIC	CATE OF	COM	DI TA	NCF								
I hereby certify that the rules and reg				ITCL		OIL	COI	USER	VATION	DIVISIO	NC	
Division have been complied with an				ve	-				MAR	1 3 19	QQ	
is true and complete to the best of m					Dat	a An	prove	ed	ivi/1/	. T 0 10	UQ	
· '	<i>'</i>					- , ,p	P	-				
11 ad enet	mpse	\sim			D.,			DRIGINA	SIGNED B	Y JERRY C	EYYON	
Signature	-0	. \			By.			Dt	STRICT I SU	PERVISO	#A I UN	
D. F. Finney, Admi			lille	visor	Tial	_					•	
3–10–89	(505) 39	7-580	0		Title	!						
Dute		Te	lephone	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.

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