

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**

I.

Operator Conoco Inc.	Well API No. 30-025-30473
Address P. O. Box 460, Hobbs, New Mexico 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Warren Unit Drinkard	Well No. 94	Pool Name, Including Formation Warren Drinkard	Kind of Lease State, Federal or Fee	Lease No. LC-031695b
Location Unit Letter <u>F</u> : <u>1840</u> Feet From The <u>N</u> Line and <u>2020</u> Feet From The <u>W</u> Line Section <u>28</u> Township <u>20S</u> Range <u>38E</u> , 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"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2587, Hobbs, N. M. 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, N. M. 88265					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 27	Twp. 20S	Rge. 38E	Is gas actually connected? Yes	When ? 1-25-89

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v X
Date Spudded 9-30-88	Date Compl. Ready to Prod. 12-6-88		Total Depth 7500'		P.B.T.D. 6910'			
Elevations (DF, RKB, RT, GR, etc.) 3534'	Name of Producing Formation Drinkard		Top Oil/Gas Pay 5815'		Tubing Depth 6277'			
Perforations -5815' - 6281' 6609-6777					Depth Casing Shoe 7500'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17-1/2"	CASING & TUBING SIZE 13-3/8"		DEPTH SET 1558'		SACKS CEMENT 1200 Sx.			
8-3/4"	7"		7500'		3025 Sx.			
	2-3/8"		6277'					

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 12-16-88	Date of Test 2-10-89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 24	Oil - Bbls. 24	Water - Bbls. 0	Gas- MCF 542

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
2-24-89
Date
(505) 397-5800
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

FEB 28 1989

By

**Drig. Signed by
Paul Kautz
Geologist**

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.

RECEIVED
FEB 27 1955

100-100000
100-100000

RECEIVED

FEB 27 1955
OOD
HOBBS OFFICE