

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

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

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

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. 60-025-61179
Address 10 Desta Drive STE 100 W. Midland, TX 79705		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> add Blinbry to lease name		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE Warren Blinbry-Tubb O/G

Lease Name WARREN UNIT Blinbry Bty 1	Well No. 97	Pool Name, including Formation BLINBRY OIL & GAS	Kind of Lease State (Federal) or Fee	Lease No. LC-063458
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>34</u> Township <u>20 S</u> Range <u>38 E</u> , <u>NMPM</u> , <u>LEA</u> 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"/> SHELL PIPE LINE	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 type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 57, MONUMENT, NM 88265					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 33	Twp. 20S	Rge. 38E	Is gas actually connected? YES	When? 8-18-91

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 XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-26-91	Date Compl. Ready to Prod. 8-12-91		Total Depth 7000		P.B.T.D. 6955			
Elevations (DF, RKB, RT, GR, etc.) GR 3524.4	Name of Producing Formation BLINBRY		Top Oil/Gas Pay 6074		Tubing Depth 6020			
Perforations 6074-6132, 6176-6294					Depth Casing Shoe 5250			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4	9 5/8		1499		1500			
8 3/4	7		7000		2595			

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 8-15-91	Date of Test 8-22-91	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HR	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 176	Oil - Bbls. 28	Water - Bbls. 18	Gas- MCF 195

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.

Bill R. Keathly
Signature
BILL R. KEATHLY, SR. STAFF ANALYST
Printed Name
9-9-91
Date
915-686-5424
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 21 1991

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.