

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Conoco Inc.		Well API No. 90-025-31179
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"/> 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"/>		
Other (Please explain) add Drinkard to lease name		

If change of operator give name
and address of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR

II. DESCRIPTION OF WELL AND LEASE NOTIFY THIS OFFICE.

Lease Name WARREN UNIT Drinkard	Well No. 97	Pool Name, including Formation WARREN DRINKARD R-9615 12/1/91	Kind of Lease State, Federal or Fee	Lease No. LC-063458
Location Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line Section 34 Township 20 S Range 38 E , 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 SURFACE TRANSPORTATION	Address (Give address to which approved copy of this form is to be sent) 1406 NW COUNTY RD., HOBBS, NM 88240					
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 67, MONUMENT, NM 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? 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 DRINKARD		Top Oil/Gas Pay 6730		Tubing Depth 6650			
Perforations 6730 - 6841					Depth Casing Shoe 5250			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 14 3/4	CASING & TUBING SIZE 9 5/8		DEPTH SET 1499		SACKS CEMENT 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 29	Oil - Bbls. 6	Water - Bbls. 194	Gas - MCF 23

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

OIL CONSERVATION DIVISION

Date Approved 901 6 1 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.