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	Well API No.
Conoco Inc.	30-025-31180

Address: 10 Desta Drive Ste 100W. Midland. TX 79705

Reason(s) for Filing *(Check proper box)*

New Well ☐ Change in Transporter of:
Recompletion XX Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
Other *(Please explain)* ☐

If change of operator give name and address of previous operator: Cancel warren unit Drinkard #98 allow warren Drinkard Pool

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
WARREN UN Tubb 1	98	WARREN TUBB OIL		LC 031675B

Location
Unit Letter A : 660 600 Feet From The NORTH Line and 660 600 Feet From The EAST Line
Section 28 Township 20 S Range 38 E , NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
SHELL PIPELINE	P.O. BOX 1910. MIDLAND TX. 79702
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas ☐	Address *(Give address to which approved copy of this form is to be sent)*
WARREN PETROLEUM CO	P.O. BOX 1589. TULSA. OKLAHOMA 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	H	25	20S	38E	YES	9-15-92

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
	XX					XX		XX

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-2-91	9-15-92	7050	6800
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
	WARREN TUBB OIL	6458	6702
Perforations			**Depth Casing Shoe**
6456 - 6674			7050

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4	9 5/8	1500	1400
8 3/4	7	7050	2000

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.)*	
9-18-92	9-22-92	PUMPING	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24			
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**
135	28	25	20

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, 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
BILL R. KEATHLY SR. REGULATORY SPEC.
Printed Name — Title
9-24-92 — 915-686-5424
Date — Telephone No.

OIL CONSERVATION DIVISION

RECEIVED

Date Approved: SEP 28 1992

By: ORIGINAL SIGNED BY ... OCD HOBBS OFFICE
DISTRICT I ...

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.