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 100 W. Midland, TX 79705	

Reason(s) for Filing (Check proper box)

New Well [X] Recompletion [ ] Change in Operator [ ]

Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain) [ ]

If change of operator give name and address of previous operator: _____

II. DESCRIPTION OF WELL AND LEASE Blinebry Oil & Gas

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
WARREN UNIT BTY #1	98	~~WARREN BLINEBRY/TUBB~~	State, (Federal) or Fee	LC 031670B

Location

Unit Letter A : 660 Feet From The NORTH Line and 660 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 [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
SHELL PIPE LINE	P.O. BOX 1910, MIDLAND, TX. 79702
Name of Authorized Transporter of Casinghead Gas [X] 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	33	20S	38E	YES	10-11-91

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X		XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-2-91	10-9-91	7050	7001
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3546.4	BLINEBRY/~~TUBB~~ O&G	6154	6125
Perforations			**Depth Casing Shoe**
~~6154 - 6216, 6258 - 6380~~ OK PK			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.)	
10-10-91	10-11-91	PUMPING	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 HR			
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**
7	~~5~~	27	0

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. STAFF ANALYST
Printed Name — Title

~~10-29-91~~ — Date

915-686-5424 — Telephone No.

OIL CONSERVATION DIVISION

Date Approved: _____

By: ORIGINAL SIGNED BY KELLY 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.