

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address CONOCO INC. 10 Desta Drive Ste 100W MIDLAND, TEXAS 79705		OGRID Number 005073
		Reason for Filing Code NW
API Number 30 - 0 25-32242	Pool Name WARREN DRINKARD	Pool Code 63080
Property Code 003122	Property Name WARREN UNIT	Well Number 111

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	28	20 S	38 E		2180	NORTH	660	EAST	LEA

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Loc Code F	Producing Method Code F	Gas Connection Date 8-10-94	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
005108	CONOCO INC., TRANSPORTATION P.O. BOX 2587 HOBBS, NM. 88240	0769210	O	A 35 20S 38E
024650	WARREN PETROLEUM CORP P.O. BOX 67 MONUMENT, NM. 88265		G	H-38 20S 38E 28

IV. Produced Water

POD	POD ULSTR Location and Description
0769250	A 35 20S 38E

V. Well Completion Data

Spud Date	Ready Date	TD	PSTD	Perforations
12-29-93	8-5-94	6975	6927	6662 - 6803
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	
12 1/4	9 5/8	1503	700 SX	
8 3/4	7	6975	1870 SX	
	2 3/8" TBG	6630		

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
8-8-94	8-10-94	8-15-94	24	245	0
Choke Size	Oil	Water	Gas	AOF	Test Method
1"	104	121	1170		F

I hereby certify that the rules 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*
Printed name: BILL R. KEATHLY
Title: SR. REGULATORY SPEC.
Date: 8-18-94 Phone: (915) 686-5424

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNATURE OF OPERATOR

Title: DISTRICT I SUPERVISOR

Approval Date:

SEP 22 1994

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED
"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, M, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filled for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operator unapproved.

Operator's name and address

Operator's OGRID number. If you do not have one it will be assigned and filed in by the District office.

Reason for filling code from the following table:

NW New Well
NC Recompletion
CH Change of Operator
AO Add oil/condensate transporter
CO Change oil/condensate transporter
AG Add gas transporter
CG Change gas transporter
RT Request for test allowable (include volume requested)

If for any other reason write that reason in this box.

The API number of the well

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

The well number for this completion

The surface location of this completion NOTE: If the United States government survey designates a Lot Number for the location use that number in the 'LL or lot no.' box. Otherwise use the OCD unit letter.

The bottom hole location of this completion

Lease code from the following table:

F Federal
S State
P Foreign
J Alaska
N Navajo
U Utah
I Other Indian Tribe

The producing method code from the following table:

P Flowing
F Pumping or other artificial lift

MO/DAYR that this completion was first connected to a gas transporter

The permit number from the District approved C-129 for this completion

MO/DAYR of the C-129 approval for this completion

MO/DAYR of the expiration of C-129 approval for this completion

The gas or oil transporter's OGRID number

Name and address of the transporter of the product

The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.

Product code from the following table:
O Oil
G Gas

The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.

The ULSTR location of the POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)

MO/DAYR drilling commenced

MO/DAYR this completion was ready to produce

Total vertical depth of the well

Plugback vertical depth

Top and bottom perforation in this completion or casing shoe and TD if applicable

Inside diameter of the well bore

Outside diameter of the casing and tubing

Depth of casing and tubing. If a casing liner show top and bottom.

Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

MO/DAYR that new oil was first produced

MO/DAYR that gas was first produced into a pipeline

MO/DAYR that the following test was completed

Length in hours of the test

Flowing tubing pressure - oil wells

Shut-in tubing pressure - gas wells

Flowing casing pressure - oil wells

Shut-in casing pressure - gas wells

Diameter of the choke used in the test

Barrels of oil produced during the test

Barrels of water produced during the test

MCF of gas produced during the test

Gas well calculated absolute open flow in MCF/D

The method used to test the well:

F Flowing
P Pumping
S Swabbing
I If other method please write it in.

The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report

The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person

Product code from the following table:
O Oil
G Gas