

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 TO CORRECT POD NUMBERS
API Number 30 - 0 25-32489	Pool Name WARREN DRINKARD	Pool Code 63080
Property Code 003122	Property Name WARREN UNIT	Well Number 112

II. Surface Location

UI or lot no. G	Section 28 28	Township 20 S	Range 38 E	Lot Idn	Feet from the 1930	North/South line NORTH	Feet from the 1980	East/West line EAST	County LEA
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Bottom Hole Location

UI 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 8-25-94	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	0774110	O	E 27 20S 38E EFFECTIVE 10-24-94
024650	WARREN PETROLEUM CORP P.O. BOX 67 MONUMENT, NM 88265	28/3901	G	E 27 20S 38E PLEASE ASSIGN NEW POD NUMBER

IV. Produced Water

POD 0774150	POD ULSTR Location and Description E 27 20S 38E
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

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:

Printed name: BILL R. KEATHLY

Title: SR. REGULATORY SPEC.

Date: 12-29-94

Phone: (915) 686-5424

OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNED BY JERRY SEXTON

Title:

DISTRICT SUPERVISOR

Approval Date:

JAN 04 1995

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

RECEIVED
JAN 03 1995
OCD HUBBS
OFFICE

New Mexico Oil Conservation Division
C-104 Instructions

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

22. 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", "Jones CPD", etc.)
23. The POD number of the storage from which water is moved from the 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.
24. 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.)
25. MO/D/A/Y/R drilling commenced
26. MO/D/A/Y/R the completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Top and bottom perforation in the completion or casing shoe and TD if openhole
30. Inside diameter of the well bore
31. Outside diameter of the casing and tubing
32. Depth of casing and tubing. If a casing liner show top and bottom.
33. 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.
34. MO/D/A/Y/R that new oil was first produced
35. MO/D/A/Y/R that gas was first produced into a pipeline
36. MO/D/A/Y/R that the following test was completed
37. Length in hours of the test
38. Flowing tubing pressure - oil wells
39. Shut-in tubing pressure - gas wells
40. Flowing casing pressure - oil wells
41. Shut-in casing pressure - gas wells
42. Diameter of the choke used in the test
43. Barrels of oil produced during the test
44. Barrels of water produced during the test
45. MCF of gas produced during the test
46. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:
- Flowing
Pumping
Swabbing
If other method please write it in.
47. 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 the completion, and the date this report was signed by that person
1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will be assigned and filed in by the District office.
3. Reason for filing 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.
4. The API number of the well
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. The surface location of the completion NOTE: If the United States government survey designates a Lot Number for the location use that number in the "UL or lot no." box. Otherwise use the OCD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:
- F Federal
S State
P Private
J Local
N Navajo
U Ute Mountain Ute
I Other Indian Tribe
13. The producing method code from the following table:
- F Flowing
P Pumping or other artificial lift
14. MO/D/A/Y/R that the completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. MO/D/A/Y/R of the C-129 approval for this completion
17. MO/D/A/Y/R of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which the product will be transported by the transporter. 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.
21. Product code from the following table:
- O Oil
G Gas