PO Box 1980, Hobbs, NM 88241-1980

Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994

Instructions on back Submit to Appropriate District Office

District II NO Drawer DD, Artesia, NM 88211-0719 OIL CONSERVATION DIVISION Distract III PO Box 2088 5 Copies 1000 Rio Brazzo Rd., Axtec, NM 87410 Santa Fe, NM 87504-2088 District IV AMENDED REPORT PO Box 2008, Santa Fe, NM 87504-2008 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT I. Operator name and Address CONOCO INC. 10 Desta Drive Ste 100W MIDLAND, TEXAS 79705 005073 CHG TRANSPORTER NAME ASSIGNED TO OGRID #005108 FEB 01 191 ⁴ API Number Pnol Name 1 Pool Code 30 - 0 25-32491 WARREN DRINKARD 63080 ⁷ Property Code Property Name ' Well Number 003122 WARREN UNIT 114 ¹⁰ Surface Location II. Ul or lot no. Section Township Lot.lda Feet from the North/South Line Feet from the East/West line County 28 20. S 660 NORTH 1980 WEST LEA 11 Bottom Hole Location UL or lot no. Section Township Lot Ida Feet from the North/South line Feet from the East/West line County 12 Lac Code 12 Producing Method Code 14 Gas Connection Date 15 C-129 Permit Number 14 C-129 Effective Date 17 C-129 Expiration Date III. Oil and Gas Transporters Transporter 16 Transporter Name 20 POD 21 O/G 22 POD ULSTR Location **OGRID** and Description SENTINEL TRANSPORTATION CO. 1214 N. EASTSIDE DR. BLDG A WICHITA FALLS, TX. 76304 005108 0774110 0 E 27 20S 38E IV. Produced Water POD ¹⁴ POD ULSTR Location and Description Well Completion Data Spud Date 14 Ready Date " PRTD 2º Perforations " Hole Size 31 Casing & Tubing Size 12 Depth Set ³³ Sacks Cement VI. Well Test Data Date New Oil M Gas Delivery Date * Test Date 37 Test Length M Thg. Pressure 31 Cag. Pressure " Choke Size 4 Oil 4 Water 4 Gas " AOF 4 Test Method 44 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 OIL CONSERVATION DIVISION knowledge and belief. ef X Dear Signature: Approved by: Orig. Signed by, Printed name:

Title:

(915) 686-5424

Approval Date:

Printed Name

Cologist

F18 21 1990

Title

BILL R. KEATHLY

Previous Operator Signature

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

SR. REGULATORY SPEC.

Title:

Date: