

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 2083, Santa Fe, NM 87504-2083

State of New Mexico
Energy, Minerals & Natural Resources Department

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

Form C-10
Revised February 21, 1999
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 25-32491 30 - 0	Pool Name DRINKARD Warren Drinkard	Pool Code 63080
Property Code 003127	Property Name WARREN UNIT	Well Number 114

II. ¹⁰ Surface Location

Ul. or lot no. C	Section 28	Township 20 S	Range 38 E	Lot Idn	Feet from the 660	North/South line NORTH	Feet from the 1980	East/West line WEST	County LEA
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¹¹ 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
Lea Code	Producing Method Code	Gas Connection Date 10-21-94	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OCMU 024650	Transporter Name and Address WARREN PETROLEUM CORP P.O. BOX 67 MONUMENT, NM. 88265	POD 2813795	O/G G	POD ULSTR Location and Description 36-206-37E
24650				F
5108	CONOCO INC. TRANSPORTATION P.O. Box 2587 HOBBS, NM 88240	2813794	0774110	36-206-37E
				F

IV. Produced Water

POD 2813796	27 206 38E F	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date 11-4-94	Ready Date 7046TD	POD 7042	Perforations 6707-6806
Final Size 7 5/8	Casing & Tubing Size 5 1/2	Depth Set 1504	Sacks Cement 700 SX
		7042	1030 SX

VI. Well Test Data

Date New Oil 10-21-94	Gas Delivery Date 10-21-94	Test Date 11-6-94	Test Length 24	Test Pressure 75	Test Pressure 10
OPEN 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: PATRICK D. JOHNSTON

Principal Regulatory Assistant

Title: 11-11-94 (915) 686-6551

Date: Phone:

OIL CONSERVATION DIVISION

Approved by: [Signature]

Title: [Signature]

Approval Date: DEC 21 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

22.	The ULSTR location of this 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 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.	
24.	The ULSTR location of this 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.	MODA/YR drilling commenced	
26.	MODA/YR the completion was ready to produce	
27.	Total vertical depth of the well	
28.	Plugback vertical depth	
29.	Top and bottom perforation in this 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.	MODA/YR that new oil was first produced	
35.	MODA/YR that gas was first produced into a pipeline	
36.	MODA/YR 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	
39.	Flowing casing pressure - oil wells	
39.	Shut-in casing pressure - gas wells	
40.	Diameter of the choke used in the test	
41.	Barrels of oil produced during the test	
42.	Barrels of water produced during the test	
43.	MCF of gas produced during the test	
44.	Gas well calculated absolute open flow in MCF/D	
45.	The method used to test the well: F Flowing P Pumping S Swabbing I Other method please write it in.	
46.	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	
47.	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	
15.	The permit number from the District approved C-129 for this completion	
16.	MODA/YR of the C-129 approval for this completion	
17.	MODA/YR 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 this 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	
3.	Reason for filling code from the following table: NW New Well MC Maccompletion 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 this 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 this 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 Fee J Leasehold 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.	MODA/YR that the completion was first connected to a gas transporter	
15.	The permit number from the District approved C-129 for this completion	
16.	MODA/YR of the C-129 approval for this completion	
17.	MODA/YR 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 this 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.	
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