

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1. Operator name and Address Conoco Inc. 10 Desta Dr. Ste 100W Midland, Tx. 79705-4500		2. OGRID Number 005073	
		3. Reason for Filing Code ** See colum 22 & 24 for reason	
4. API Number 30 - 025-32521	5. Pool Name Warren Tubb		6. Pool Code 63080
7. Property Code 003122	8. Property Name Warren Unit		9. Well Number 117

II. Surface Location

UL or lot. no. L	Section 28	Township 20S	Range 38E	Lot. Idn.	Feet from the 2155	North/South Line South	Feet from the 660	East/West Line West	County Lea
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11 Bottom Hole Location

UL or Lot	Section	Township	Range	Lot. Idn.	Feet from the	North/South Line	Feet from the	East/West Line	county
F	P								
12 Lse Code	13. Producing Method Code	14. Gas Connection Date		15. C-129 Permit Number		16. C-129 Effective Date		17. C-12b Expiration Date	

III. Oil and Gas Transporters

18 Transporter OGRID	19. Transporter Name and Address	20. POD	21. O/G	22. POD ULSTR Location and Description
		2813794	O	** Add this Oil POD effective 6-95 to match how we are reporting. The current transporter is 37480

IV. Produced Water

23. POD 2813796	24. POD ULSTR Location and Description ** Add this Water POD effective 6-95 to match how we are reporting.
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V. Well Completion Data

25 Spud Date	26 Ready Date	27. TD	28 PBTD	29 Perforations	DHC,DC,MC
30 Hole Size	31. Casing & Tubing Size		32 Depth Set	33. Sacks Cement	

VI. Well Test Data

34. Date New Oil	35. Gas Delivery Date	36. Test Date	37. Test Length	38. Tbg. Pressure	39. Csg. Pressure
40. Choke Size	41. Oil	42. Water	43. Gas	44. AOF	45. 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: *Bill R. Keathly*
Printed name: Bill R. Keathly
Title: Sr. Regulatory Specialist
Date: 2-17-99
Phone: (915) 686-5424

OIL CONSERVATION DIVISION

Approved by: *[Signature]*
Title: *[Title]*
Approval Date: *[Date]*

47 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
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NMOC, PONCA, SHEAR, FILE ROOM