Ei 79, Minerals & Natural Resources Department

District II

PO Drawer DD, Artesia, NM 88211-0719 District III

## CIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

Revised October 18, 1994 Instructions on back: Submit to Appropriate District Office 5 Copies

1000 Rio Brazos Rd. Aztic, NM 87410 X AMENDED REPORT District IV PO Box 2088, Santa Fe NM 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT 2 OGRID Number 005073 Conoco Inc. 10 Desta Dr. Ste 100W 3. Reason for Filling Code Midland, Tx. 79705-4500 \*\* See colum 22 for reason 6. Pool Code 5 Pool Name 4 API Number 30 - 0<sub>25-33552</sub> Warren Blinebry Tubb Oil & Gas 62965 9 Well Nember 8 Property Name 7. PropertyCode Warren Unit Blinebry Tubb WF 317 003127 o Surface Location II. Feet from the North/South Line | Feet from the East/West Line Couunty Township Range Lot. Idn UL or lot. no. West 2515 Lea 1330 North 26 38E 11 Bottom Hole Location Eest/West Line North/South Line Feet from the Feet from the county Township Lot. Idn. Section UL or Lot Range 16. C-129 Effective Date 17. C-12b Expiration Date 15. C-129 Permit Number 14. Gas Connection Date 13. Producing Method Code 12 Lse Code Oil and Gas Transporters 111 21. O/G 22. POD ULSTR Location 19. Transporter Name 20 POD 18 Transporter and Desciption OGRID and Address \*\* Correct Gas POD effective 12-96. This 2805310 G will match our reporting. Current transporter is 24650 IV. Produced Water 24. POD ULSTR Location and Description 23 POD V. Well Com pletion Data 28 PBTD 25 Spud Date 26 Rea dy Date 27. TD 29 Perforations DHC,DC,MC 33. Sacks Cement 30. Hole Size 31. Casing & Tubing Size 32 Depth Set VI. Well Test Data 39. Csg. Pressure 34. Date New Oil 35. Gas Delivery Date 36. Test Date 37. Test Length 38. Tbg. Pressure 44. AOF 45. Test Method 41. Oil 42. Water 40. Choke Siz e 43. Gas [ I hereby certify that the rules of the Oil Conservation Division have been complied OIL CONSERVATION DIVISION with and that the information given above is true and complete to the best of my DISTRICE LOCALING ACA ApproveJ by Signature: Printed name: Title Bill R. Keathly Approval Date: Sr. Regulatory Specialist Date Phone (915) 686-5424 47. If this is a change of operator fill in the OGRID number and name of the previous operator

**Printed Name** 

Title

Date

**Previous Operator Signature**