

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Conoco Inc.

Address

P.O. Box 460 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Gas Connection

If change of ownership give name
and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Lease Name State D	Well No. 15	Pool Name, Including Formation Oil Center Blinbry	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or <input type="checkbox"/> Fee	Lease No. B-153
Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>21S</u> Range <u>36E</u> , NMPM, Lea County				

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 11	Twp. 21	Rge. 36	Is gas actually connected? Yes	When 11/3/81

If this production is commingled with that from any other lease or pool, give commingling order number:

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RNB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

5. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

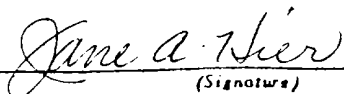
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

6. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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)

Administrative Supervisor

(Title)

12-21-81

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

NO. OF COPIES RECEIVED	
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LAND OFFICE	
OPERATOR	

Form C-105
Revised 11-1-84

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5b. State Oil & Gas Lease No.	
B-1537	

1a. TYPE OF WELL						7. Unit Agreement Name					
b. TYPE OF COMPLETION						8. Form or Lease Name					
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/> NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>						State D					
2. Name of Operator						9. Well No.					
CONOCO INC.						15					
3. Address of Operator						10. Field and Pool, or Wildcat					
P. O. Box 460, Hobbs, N.M. 88240						Oil Center Blinberry					
4. Location of Well						11. County					
UNIT LETTER <u>K</u> LOCATED <u>2310</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM						Lea					
THE <u>West</u> LINE OF SEC. <u>11</u> TWP. <u>21 S</u> RGE. <u>36 E</u> NMPM											
15. Date Spudded		16. Date T.D. Reached		17. Date Compl. (Ready to Prod.)		18. Elevations (DF, RKB, RT, GR, etc.)					
4/30/81		5/20/81		8/19/81		3575' GR					
19. Elev. Casinghead		20. Total Depth		21. Plug Back T.D.		22. If Multiple Compl., How Many					
		7120'		7074'		—					
				23. Intervals Drilled By		24. Rotary Tools					
				—		All					
				25. Cable Tools		None					
24. Producing Interval(s), of this completion — Top, Bottom, Name						25. Was Directional Survey Made					
5813'-6116' Blinberry						Yes					
Drinkard Noncommercial - squeezed w/ 200sx											
Tubb Noncommercial CIBPat 6320' w/ 6sx											
26. Type Electric and Other Logs Run						27. Was Well Cored					
open hole logs, dual laterolog, GR, Comp. Densilog, Comp. Neutron, GR-PDC						No					
28. CASING RECORD (Report all strings set in well)											
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED						
13 3/8"	54.5 #	1295'	17 1/2"	1020SX	250SX						
9 5/8"	40.0 #	4775'	12 1/4"	3150SX	1400' TOC						
29. LINER RECORD											
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	30. TUBING RECORD						
7"	4629'	7119'	470SX		SIZE	DEPTH SET	PACKER SET				
					2 3/8"	6125'					
31. Perforation Record (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
5813', 17', 22', 26', 32', 41', 53', 56', 5931', 33', 6021', 23', 45', 48', 6113', 6116' total 16 holes				<table border="1"> <tr> <th>DEPTH INTERVAL</th> <th>AMOUNT AND KIND MATERIAL USED</th> </tr> <tr> <td>5813'-6116'</td> <td>4866/5.15% HCL-NE-FE, 730 bbls. 40# gelled TEW, 50000# 20/40 & 10/20 SA</td> </tr> </table>				DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED	5813'-6116'	4866/5.15% HCL-NE-FE, 730 bbls. 40# gelled TEW, 50000# 20/40 & 10/20 SA
DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED										
5813'-6116'	4866/5.15% HCL-NE-FE, 730 bbls. 40# gelled TEW, 50000# 20/40 & 10/20 SA										
33. PRODUCTION											
Date First Production		Production Method (Flowing, gas lift, pumping — Size and type pump)				Well Status (Prod. or Shut-in)					
8/25/81		Pumping				Producing					
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil — bbl.	Gas — MCF	Water — Bbl.	Gas — Oil Ratio				
9/21/81	24	NA	→	58	55	39	948				
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil — Bbl.	Gas — MCF	Water — Bbl.	Oil Gravity — API (Corr.)					
NA	NA	→	58	55	39	NA					
34. Disposition of Gas (Sold, used for fuel, vented, etc.)						Test Witnessed By					
Sold						J.D. Spurlock					
35. List of Attachments											

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED Wm. A. Butterfield TITLE Administrative Supervisor DATE October 16, 1981

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 10 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy <u>1310</u>	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt <u>1400</u>	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt <u>2550</u>	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates <u>2656</u>	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers <u>2937</u>	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen <u>3351</u>	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg <u>3634</u>	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres <u>3935</u>	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzite _____
T. Glorieta <u>5245</u>	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock <u>5321</u>	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinberry <u>5860</u>	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb <u>6423</u>	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard <u>6720</u>	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

OIL OR GAS SANDS OR ZONES

No. 1, from 5813 to 6116 No. 4, from _____ to _____
 No. 2, from _____ to _____ No. 5, from _____ to _____
 No. 3, from _____ to _____ No. 6, from _____ to _____

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from 160 to 250 feet _____
 No. 2, from _____ to _____ feet _____
 No. 3, from _____ to _____ feet _____
 No. 4, from _____ to _____ feet _____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	1310		Redbeds				
	1400		Anhy.				
	2550		" & Salt				
	2656		" & Dol.				
	2937		SS. & "				
	3351		"				
	3634		"				
	5245		"				
	5321		"				
	6423		"				
	6720		"				
	TD		"				

RECEIVED
 JUL 19 1981
 GEOLOGICAL DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

1. Operator Conoco Inc.

Address P.O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) PRODUCED GAS MUST NOT BE PLACED AT RISK 12/1/81 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No
<u>STATE D</u>	<u>15</u>	<u>Blinebry Oil & Gas</u>	<u>State, Federal or Fee</u>	<u>B-1537</u>
Location				
Unit Letter	<u>K</u>	<u>2310</u>	Feet From The <u>South</u>	Line and <u>2310</u>
Line of Section	<u>11</u>	Township <u>21S</u>	Range <u>36E</u>	NMPM, <u>Lea</u> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Shell Pipeline Corporation</u>	<u>P.O. Box 1910, Midland, TX. 79702</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Warren Petroleum Corporation</u>	<u>P.O. Box 1589, Tulsa, OK. 74102</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>N</u>	<u>11</u>	<u>21</u>	<u>36</u>	<u>No</u>	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>4-30-81</u>	<u>8-18-81</u>	<u>7120'</u>	<u>6320'</u>					
Elevations (LF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>GL 3575'</u>	<u>Blinebry</u>	<u>5813'</u>	<u>6125'</u>					
Perforations			Depth Casing Shoe					
<u>5813' - 6116'</u>			<u>7119'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>1295'</u>	<u>1020</u>					
<u>12 1/4"</u>	<u>9 5/8"</u>	<u>4775'</u>	<u>2950</u>					
<u>8 1/2"</u>	<u>7"</u>	<u>7119'</u>	<u>470</u>					
	<u>2 3/8"</u>	<u>6125'</u>						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>8-18-81</u>	<u>9-22-81</u>	<u>Pump</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 Hours</u>	<u>45</u>	<u>20</u>	<u>Open</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>97</u>	<u>58</u>	<u>39</u>	<u>55</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

Jane A. Weir
(Signature)

Administrative Supervisor
(Title)

October 21, 1981
(Date)

OIL CONSERVATION DIVISION

APPROVED 1981, 19

BY Le

TITLE Oil Conservation

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple.