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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

Operator  
 Address Continental Oil Company  
P.O. Box 460 Hobbs New Mexico 88240  
 Reason(s) for filing (Check proper box) Other (Please explain)  
 New Well  Change In Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change In Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Warren Unit Tubb</u>	Well No. <u>56</u>	Pool Name, including Formation <u>Warren Tubb R-6005</u>	Kind of Lease <u>LC</u>	Lease No.
Location			State, Federal or Fee <u>063458</u>	
Unit Letter <u>B</u>	<u>660</u>	Feet From The <u>North</u>	Line and <u>1980</u>	Feet From The <u>East</u>
Line of Section <u>26</u>	Township <u>20 S</u>	Range <u>38 E</u>	, NMPM, <u>LEA</u> County	

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</u>	<u>Midland, Tx</u>				
Name of Authorized Transporter of Casinghead Gas <input checked="" 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</u>	<u>Monument, N.M.</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>33</u>	Twp. <u>20</u>	Rge. <u>38</u>	Is gas actually connected? When <u>Yes 2-19-79</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>12-27-78</u>	Date Compl. Ready to Prod. <u>2-19-79</u>	Total Depth <u>6850</u>		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) <u>5561 Gr.</u>	Name of Producing Formation <u>Warren Tubb</u>	Top Oil/Gas Pay <u>6603</u>		Tubing Depth <u>6749</u>		Depth Casing Shoe		
Perforations <u>6603', 09', 21', 31', 50', 61', 70', 82', 90', 99', 6701', 23', 28', 34', 42', 49'</u>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4</u>	<u>9 1/2</u>		<u>1430</u>		<u>700</u>			
<u>8 3/4</u>	<u>7</u>		<u>6850</u>		<u>1750</u>			
	<u>2 3/8</u>		<u>6749</u>					

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 <u>2-19-79</u>	Date of Test <u>3-14-79</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>180</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>80</u>

GAS WELL

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission 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  
 APR 6 1979  
 (Date)

OIL CONSERVATION COMMISSION  
 APPROVED APR 6 1979, 19\_\_\_\_  
 BY [Signature]  
 TITLE SUPERVISOR DISTRICT 1

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.

RECEIVED

APR 1970

ONE COPY OF THE  
ROBBS, N. H.

**INCLINATION REPORT**

OPERATOR Continental Oil Company ADDRESS PO Box 460, Hobbs, New Mexico 88240  
 LEASE NAME Warren Unit WELL NO. 56 FIELD \_\_\_\_\_  
 LOCATION Section 26, T-20S, R-38E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
250	1/2	2.1750	2.1750
750	1	8.750	10.9250
1000	1 1/4	5.4500	16.3750
1086	1 1/2	2.2532	18.6282
1429	1 3/4	10.4615	29.0897
1921	1	8.6100	37.6997
2421	3/4	6.5500	44.2497
2920	1 1/4	10.8782	55.1279
3021	1 3/4	3.0805	58.2084
3207	1 3/4	5.6730	63.8814
3425	1 1/2	5.7116	69.5930
3640	1	3.7625	73.3555
4165	1	9.1875	82.5430
4658	1 1/4	10.7474	93.2904
5153	1	8.6625	101.9529
5526	1 1/4	8.1314	110.0843
5790	3/4	3.4584	113.5427
6173	1	6.7025	120.2452
6662	1 1/2	4.2543	124.4995
6850	1	3.2900	127.7895

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

*John Ayers*

TITLE John Ayers, Office Manager

**AFFIDAVIT:**

Before me, the undersigned authority, appeared John Ayers known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

*John Ayers*

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 18th day of January, 19 79

MY COMMISSION EXPIRES MARCH 1, 1980

*Jerry E. Depick*  
 Notary Public in and for the County  
 of Lea, State of New Mexico

SEAL