

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
SANTA FE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
FILE		AND		Effective 1-1-65	
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRODUCTION OFFICE					
Operator CONTINENTAL OIL COMPANY					
Address Box 460 Hobbs N. M. 88246					
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well <input type="checkbox"/>		Request Testing Allowable of 650 bbls			
Recompletion <input type="checkbox"/>		for this well while producing as down hole			
Change in Ownership <input type="checkbox"/>		Commingle for information prior to			
		Submission of Request to downhole commingle.			
Change of ownership give name and address of previous owner		Also Request permission to sell production with STATE 66-30 (production) pending outcome of testing.			
DESCRIPTION OF WELL AND LEASE					
Lease Name STATE B-19		Well No. 1		Pool Name, including Formation Goodwin Dryland and Undesignated SAN ANDRES	
Location		Kind of Lease State Federal or Fee		Lease No. B1535 1/2	
Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The EAST					
Line of Section 19 Township 18-S Range 37-E , NMPM, Lea 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)			
TEXAS NEW MEXICO PIPELINE		Box 1510 Midland TEX			
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)			
WARREN Petroleum		Monument N. M.			
If well produces oil or liquids, give location of tanks.		Unit L		Sec. 30	
		Twp. 18		Rge. 37	
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		Gas Well	
		New Well		Workover	
		Deepen		Plug Back	
		Same Res'v.		Diff. Res'v.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
Elevations (DF, RKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
Perforations				Tubing Depth	
				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
				SACKS CEMENT	
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	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.	
				Gas-MCF	
GAS WELL					
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (pilot, 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.					
APPROVED MAY 9 1977, 19					
BY Jerry Sexton					
TITLE Dist. 1, Supv.					
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.					

