

DISTRIBUTION	
SANTA FE	
FILE	
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

I. OPERATOR

Operator Continental Oil Company

Address P.O. Box 460 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain) Request filed allowable for the month of June, 1979

ASSIGNMENT GAS MUST NOT BE
UNDER AN EXCEPTION TO R-1070
IS OBTAINED.

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>SEMU Blinbry</u>	<u>100</u>	<u>Blinbry Oil & Gas</u>	State, Federal or Fee	<u>LC0316706</u>
Location	Unit Letter	Feet From The	Line and	Feet From The
	<u>N</u>	<u>760</u>	<u>S</u>	<u>1650</u>
				<u>W</u>
Line of Section	Township	Range	Section	County
<u>20</u>	<u>20S</u>	<u>38E</u>	<u>1</u>	<u>Lea</u>

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>Continental Oil Surface Transportation</u>	<u>Hobbs, NM</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, NM</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	<u>0</u>	<u>18</u>	<u>20</u>	<u>38</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 Depth	Extra Depth
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>4-4-79</u>	<u>4-6-79</u>	<u>6700'</u>	<u>6661'</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Gas Pay	Testing Depth					
<u>3588.3'</u>	<u>Blinbry</u>	<u>5794'</u>	<u>6001'</u>					
Perforations			Depth Casing Shoe					
<u>5795'-6028'</u>								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>9 5/8"</u>	<u>1355'</u>	<u>625.34</u>
<u>8 3/4"</u>	<u>7"</u>	<u>6700'</u>	<u>2100.34</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>4-6-79</u>	<u>4-30-79</u>	<u>pump</u>	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
<u>24 hrs.</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	<u>606</u>	<u>50</u>	<u>225</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Testing 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Bern A. Lee
(Signature)
Administrative Supervisor
Date June 29, 1979

NMCCD(5), USGS(2), NMFU(4) FILE

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE SUPERVISOR DISTRICT I

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
JUN 29 1918
HOBBS, N. M.

RECEIVED
JUN 29 1918
HOBBS, N. M.

INCLINATION REPORT

OPERATOR Continental Oil Company ADDRESS PO Box 460, Hobbs, New Mexico 88240
 LEASE NAME SEMU Burger "B" WELL NO. 100 FIELD _____
 LOCATION Section 20, T-20S, R-38E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
354	1/2	3.0798	3.0798
442	1/2	.7656	3.8454
724	1/4	1.2408	5.0862
1180	1/2	3.9672	9.0534
1350	1/2	1.4790	10.5324
1858	1/4	2.2352	12.7676
2352	1/4	2.1736	14.9412
2721	1/2	3.2103	18.1515
3203	3/4	6.3142	24.4657
3668	3/4	6.0915	30.5572
4129	1	8.0675	38.6247
4660	1/2	4.6197	43.2444
5154	1/2	4.2978	47.5422
5271	3/4	1.5327	49.0749
5750	3/4	7.2749	55.3498
5251	3/4	6.6941	62.0439
6700	3/4	5.7509	67.7948

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

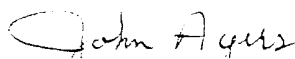
CACTUS DRILLING COMPANY



TITLE Joan 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.

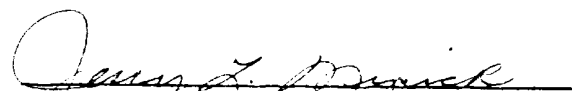


AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 6th day of February, 1979

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL


 Notary Public in and for the County
 of Lea, State of New Mexico