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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

I.

Operator <u>Continental Oil Company</u>	CASINHEAD GAS MUST NOT BE PLACED AFTER UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Address <u>P.O. Box 460 Hobbs, NM 88240</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Request final allowable for the month of June, 1979
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinhead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
OF WARREN TUBB OIL. IF YOU DO NOT DISCOUR
MENT THIS OIL POOL.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SEMU Blinberry</u>	Well No., Pool Name, Including Formation <u>100 Warren Tubb Oil</u>	Kind of Lease State, <u>Federal</u> , or Fee <u>LC031670</u>	Lease No.
Location Unit Letter <u>N</u> <u>760</u> Feet From The <u>S</u> Line and <u>1650</u> Feet From The <u>W</u>	Line of Section <u>20</u> Township <u>20S</u> Range <u>38E</u> N.M.P.M. <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"/> <u>Continental Oil Surface Transportation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Hobbs, NM</u>
Name of Authorized Transporter of Casinhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>Monument, NM</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When <u>0 18 20 38</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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Acrover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Sand Wash <input type="checkbox"/> Lateral Entry <input type="checkbox"/>		
Date Spudded <u>1-14-79</u>	Date Compl. Ready to Prod. <u>4-6-79</u>	Total Depth <u>6700'</u>	P.B.T.D. <u>6661'</u>
Elevations (D.F., KKB, RI, GR, etc.) <u>3588.3'</u>	Name of Producing Formation <u>Tubb</u>	Top Oil Gas Pay <u>6256'</u>	Top of Sect. <u>6658'</u>
Perforations <u>6257'-6629'</u>			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE <u>12 1/4"</u> <u>8 3/4"</u>	CASING & TUBING SIZE <u>9 5/8"</u> <u>7"</u>	DEPTH SET <u>1355'</u> <u>6700'</u>	SACKS CEMENT <u>62534</u> <u>210034</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 test allowable for this depth or be for full 24 hours.

Date First New Oil Run To Tanks <u>4-6-79</u>	Date of Test <u>4-30-79</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>NA</u>	Casing Pressure <u>NA</u>	Choke Size <u>NA</u>
Actual Prod. During Test	Oil - Bbls. <u>53</u>	Water - Bbls. <u>11</u>	Gas - MCF <u>976</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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

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

NMOCB(5) USGS(2) NMFU(4) FILE

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE SUPERVISOR FOR RPT 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.

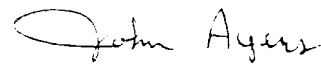
INCLINATION REPORT

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	5.2103	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.

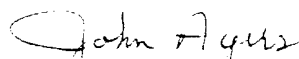
CACTUS DRILLING COMPANY



TITLE 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.


 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