ſ	NO. OF COPIES REC	İ		
	DISTRIBUTIO			
	SANTA FE			
	FILE			
	U.S.G.S.			
I.	LAND OFFICE			
	TRANSPORTER	OIL		
	TRANSI ORTER	GAS		
	OPERATOR			
	PRORATION OF			

GAS WELL

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND MATURAL GAS

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

	LAND OFFICE				lini		o al br					
	TRANSPORTER OIL											
	GAS											
	OPERATOR											
I.	PRORATION OFFICE											
	Continental Oil Company Address											
	P. O. Box 460,	Hobbs.	New	Mexico	8824	0						
	Reason(s) for filing (Check prop					1	Other (Please		Po show			
	New Well	•	Change in	Transporte	er of:		Refini	ng Co.	, Inc. a			
	Recompletion		Oil		Dry Ga	s 🔲			ondensat	e for	U.S.G.S	
	Change in Ownership		Casinghed	ad Gas	Conder	sate	effect	ive 5-	1-67.			
	If change of ownership give n and address of previous owne	r										
II.	DESCRIPTION OF WELL Lease Name	AND LEAS		Pool Name	, Including F	ormation	- 1	Kind of Lea	S.P.		Lease No.	
	Warren Unit	1	8		men Tu				alor Fee Fe	deral	Lease No.	
	Location							··			<u></u> -	
	January J	1980	Feet Fro.	The S	South	e and	1980	Feet From	The Ea	st		
	Unit Letter;		_reetrio	m ine	Lm			_ reet rrom	ine			
	Line of Section 28	Township	20	S	Range	38E	, ИМРМ,		Lea	,	County	
		*										
III.	DESIGNATION OF TRANS					S						
	NShell the Plad Tracing			ondensate					ved Texatible		be sent)	
	Pamariss 011 & Name of Authorized Transporter	ROFINI			Inc.	i		•	New Mexi		£	
	Warren Petroleu				Gas []	1	_		, New Ma		oe sent/	
		Unit			Rge.	1	ally connecte		nen			
	If well produces oil or liquids, give location of tanks.	1			20 38	Yes	,		NA			
				<u></u>		1						
	If this production is comming COMPLETION DATA	led with tha	it irom an	y otner lea	ase or pool,	give commi	ngling order	number:				
- , ,		1 . •		il Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv	Diff. Restv.	
	Designate Type of Com	pletion –	(A)			1	I i	i I	į	1	1	
	Date Spudded	Date	Compl. R	eady to Pro	od.	Total Depti	h		P.B.T.D.			
												
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				ntion	Top Oil/Gas Pay			Tubing Dept	Tubing Depth		
	Perforations								Depth Casin	g Shoe	!	
	TUBING, CASING, AND CEMENTING RECORD											
					DEPTH SET			SACKS CEMENT				
	HOLE SIZE		CASING	& TOBIN	G 312E		OEF IN SE	· I		CKS CEME		
								-	<u> </u>			
								·	<u> </u>			
V.	TEST DATA AND REQUE	ST FOR A	LLOWA	BLE (T	est must be ap ble for this de	pth or be for	full 24 hours,)	and must be e	jual to or exc	ceed top allow-	
	Date First New Oil Run To Tan	ks Date	of Test			Producing	Method (Flow	, pump, gas i	ift, etc.)			
	Length of Test	Tub	ing Pressu	ire		Casing Pre	ssure		Choke Size			
	Actual Prod. During Test	011-	Bbls.			Water - Bbls			Gas - MCF			
	Series Cross Saind Less	0									,	

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. **PROSC-5** PAN AM-Hobbs-2** ATL-Ros-2** CALIF-M1d-3

Supervising Engineer

Length of Test

Tubing Pressure (Shut-in)

5-5-67

(Date)

OIL CONSERVATION COMMISSION

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

Gravity of Condensate

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.

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