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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 Continental Oil Company
Address Box 16-1620, Hartsel, Wyo 83240
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

THIS WELL HAS BEEN PLACED IN THE POOL
DESCRIBED BELOW IF YOU DO NOT CONCUR
ADVISE THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE
Lease Name Blinbury Well No. R-5781 Kind of Lease State, Federal or Fee Lease No. 0316756
Hartsel Unit - Bty 1 Blinbury Oil GAS
Location
Unit Letter H 1620 Feet From The North Line and 710 Feet From The South Line
Line of Section 29 Township 20-S Range 38-E, NMPM, LEA 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"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Small Pipeline Company</u>	<u>Midland</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>Midland</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<u>L</u>	<u>33</u>
	Twp.	Rge.
	<u>20</u>	<u>38</u>
	Is gas actually connected?	When
	<u>YES</u>	<u>6-14-78</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"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
<u>4-5-78</u>	<u>6-7-78</u>	<u>6778</u>		<u>6680</u>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
<u>3535.5 GR</u>	<u>Blinbury Oil</u>	<u>5850</u>		<u>6013</u>				
Perforations	Depth Casing Shoe							
<u>6044, 50, 54, 58, 6063, 5973, 22, 27, 32, 6022, 6026</u>	<u>1</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4 in</u>	<u>9 5/8 in</u>		<u>1407</u>		<u>300</u>			
<u>8 1/4 in</u>	<u>7 in</u>		<u>6734</u>		<u>725</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>6-14-78</u>	<u>6-19-78</u>	<u>Pumps</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>2-1/2 hr</u>	<u>112</u>	<u>112</u>	<u>-</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u>64</u>	<u>176</u>	<u>140</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Ben A. Lee

(Signature)

Administrative Supervisor

(Title)

June 22, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 21 1978, 19

BY Barry L. Linton

TITLE Superintendent

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.