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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
PO BOX 460 HOBBS, N.M. 88241

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>WARREN UNIT Sub B</u>	Well No. <u>47</u>	Pool Name, including Formation <u>WARREN TUBS OIL</u>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <u>LC 031635</u>
Location				
Unit Letter <u>H</u>	<u>1650</u>	Feet From The <u>Center</u> Line and <u>710</u>	Feet From The <u>SOUTH</u>	
Line of Section <u>23</u>	Township <u>20</u>	Range <u>33-E</u>	NMPM, <u>15A</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"/>	Address (Give address to which approved copy of this form is to be sent) <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>MIDLAND</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>33</u>	Twp. <u>20</u>	Rge. <u>33</u>
	Is gas actually connected?		When <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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>4-3-78</u>	Date Compl. Ready to Prod. <u>6-7-78</u>		Total Depth <u>6778</u>		P.B.T.D. <u>6650</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3533.3 60</u>	Name of Producing Formation <u>WARREN TUBS OIL</u>		Top Oil/Gas Pay <u>6500</u>		Tubing Depth <u>6658</u>			
Perforations <u>5530, 64175 5267,</u> <u>6612, 26, 33, 41, 46, 63, 65, 75, 6678</u>					Depth Casing Shoe			
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>1407</u>		<u>300</u>			
<u>8 1/2</u>	<u>7 1/2</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 <u>6-14-78</u>	Date of Test <u>6-12-78</u>	Producing Method (Flow, pump, gas lift, etc.) <u>DUMP</u>	
Length of Test <u>24</u>	Tubing Pressure <u>N/A</u>	Casing Pressure <u>N/A</u>	Choke Size <u>-</u>
Actual Prod. During Test	Oil-Bbls. <u>34</u>	Water-Bbls. <u>2</u>	Gas-MCF <u>3</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.

OIL CONSERVATION COMMISSION

APPROVED JUN 20 1978, 19

BY James S. Sexton
TITLE SUPERVISOR DISTRICT

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.

(Signature)

(Title)

Date

INCLINATION REPORT

OPERATOR Continental Oil Co. ADDRESS Box 460, Hobbs, New Mexico 88240
 LEASE NAME Warren Unit WELL NO. 47 FIELD _____
 LOCATION Section 29, T-20S, R-38E, Lea County

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
250	1/2	2.1750	2.1750
500	1/4	2.1750	4.3500
750	1/4	1.1000	5.4500
1000	3/4	3.2750	8.7250
1260	1	4.5500	13.2750
1385	1	2.1875	15.4625
1816	1	7.5425	23.0050
2359	1	9.5025	32.5075
2859	1 1/4	10.9000	43.4075
3092	1	4.0775	47.4850
3592	1	8.7500	56.2350
4092	1	8.7500	64.9850
4592	1	8.7500	73.7350
5092	1	8.7500	82.4850
5406	3/4	4.1134	86.5984
5876	1	8.2250	94.8234
6422	3/4	7.1526	101.9760
6760	3/4	4.4278	106.4038

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

Garlin Taylor
 TITLE Garlin Taylor, Admn. Asst.

AFFIDAVIT:

Before me, the undersigned authority, appeared Garlin Taylor
 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.

Garlin Taylor
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 28th day of April, 19 78

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL

James Z. Murphy
 Notary Public in and for the County
 of Lea, State of New Mexico