

LAND OFFICE	
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-105
Effective 1-1-65

Operator <u>CONTINENTAL Oil Company</u>	
Address <u>Box 460, Hobbs New Mexico</u>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) <u>CHANGE LEASE NAME. FORMERLY WARREN UNIT NO. 11</u>	

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

Lease Name <u>WARREN Unit BTEY 2</u>		Well No. <u>11</u>	Pool Name, including Formation <u>Blinberry Oil + GAS</u>	Kind of Lease State, Federal or Fee <u>LC 663458</u>	Lease No.
Location					
Unit Letter <u>A</u>	<u>660</u>	Feet From The <u>NORTH</u> Line and	<u>660</u>	Feet From The <u>EAST</u>	
Line of Section <u>35</u>	Township <u>20</u>	Range <u>38</u>	, NMPM,		<u>LEA</u> County

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>Western Oil Transportation</u>		<u>Box 3210, Midland Texas</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>Skelly Oil Company</u>		<u>Box 1135, Eureka, N.M.</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>35</u>	Twp. <u>20</u>	Rge. <u>38</u>	Is gas actually connected? <u>YES</u> When <u>NA</u>

If this production is commingled with that from any other lease or pool, give commingling order number: **EFFECTIVE JANUARY 31, 1977, SKELLY OIL COMPANY MERGED INTO GETTY OIL COMPANY.**

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
Perforations		Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
(Signature) <u>P. Dillinger</u>		BY _____	
(Title) <u>Asst. Staff Asst</u>		TITLE _____	
12-30-74		This form is to be filed in compliance with RULE 1104.	
1000 57 18 2000 10 11 11 11		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 multiple completed wells.	