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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

Operator <u>Continental Oil Company</u>	
Address <u>Box 460, Hobbs, New Mexico 88240</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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"/>

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

DESCRIPTION OF WELL AND LEASE		
Lease Name <u>Warren Unit #1</u>	Well No. <u>30</u>	Pool Name, Including Formation <u>Warren Tubb Oil</u>
Kind of Lease <u>LC 031695(B)</u>		Lease No.
Location		
Unit Letter <u>K</u>	<u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>	
Line of Section <u>27</u>	Township <u>20</u>	Range <u>38</u>
NMPM, <u>Lea</u>		County

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>Shell Pipeline</u>	<u>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>Getty Oil Co</u> <u>Warren Petroleum</u>	<u>Eunice NM</u> <u>Monument NM</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>38</u>
	Is gas actually connected? <u>yes</u>	
	When <u>5-3-77</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA		
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/>	
Date Spudded	Date Compl. Ready to Prod.	Total Depth <u>7000</u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <u>Warren Tubb Oil</u>	Top Oil/Gas Pay <u>6552</u>
Perforations <u>6553, 57, 64, 76, 88, 95, 6603, 12, 14</u>		Tubing Depth <u>6300</u>
		Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>2 3/8</u>	<u>6300</u>	

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>5-3-77</u>	Date of Test <u>5-8-77</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hr.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <u>22</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>820</u>

GAS WELL		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)
		Choke Size

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.	
<u>Mair K. J. J. J.</u> (Signature) <u>Staff Assistant</u> (Title) <u>May 11, 1977</u> (Date)	

OIL CONSERVATION COMMISSION	
MAY 18 1977	
APPROVED	19
BY	<u>[Signature]</u>
TITLE	<u>STAFF ASSISTANT</u>
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.	

nmoc (5), USGS (2), NMFCU (4), File

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MAY 12 1977

CLC CUBA
ROSEN, H. L.