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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISS  
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 <i>Continental Oil Company</i>		
Address <i>Box 460 Hobbs N.M. 88240</i>		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	<b>CASINGHEAD GAS MUST NOT BE PLACED IN THE <u>5/11/75</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.</b>
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 \_\_\_\_\_  
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 <i>WARREN Unit A/C 1</i>	Well No. <i>31</i>	Pool Name, Including Formation <i>Blueberry Oil + GAS</i>	Kind of Lease State, <u>Federal</u> or Fee <i>LC-031695(6)</i>	Lease No.
Location				
Unit Letter <i>D</i>	<i>660</i>	Feet From The <i>South</i>	Line and <i>1980</i>	Feet From The <i>EAST</i>
Line of Section <i>27</i>	Township <i>20-S</i>	Range <i>38-E</i>	NMPM, <i>LEA</i>	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"/> <i>Permian Corporation</i>	Address (Give address to which approved copy of this form is to be sent) <i>Midland TEXAS</i>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>NONE AT THIS TIME</i>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit <i>0</i>	Sec. <i>27</i>	Twp. <i>20</i>	Rge. <i>38</i>
	Is gas actually connected?		When	
	<i>NO</i>			

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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D. <i>5976</i>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <i>Blueberry Oil</i>		Top Oil/Gas Pay <i>5806</i>			Tubing Depth <i>5940</i>		
Perforations <i>5807, 23, 42, 47, 56, 66, 72, 85, 5902, 16, 21, 28, 5937</i>						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

*The WARREN Tubing Hole in this well has been plugged off pending final completion's authority.*

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 <i>3-11-75</i>	Date of Test <i>3-12-75</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Flow</i>	
Length of Test <i>24 HRS</i>	Tubing Pressure <i>450</i>	Casing Pressure	Choke Size <i>20/64</i>
Actual Prod. During Test	Oil-Bbls. <i>384</i>	Water-Bbls. <i>384</i>	Gas-MCF <i>NA</i>

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.

*Ralph J. Fowley*  
(Signature)

*Administrative Supervisor*  
(Title)

*3-12-75*  
(Date)

*nmcc 51 4565 (2) nmfu (4) file*

OIL CONSERVATION COMMISSION

APPROVED

BY

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.