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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 Continental Oil Company	
Address Box 460, Hobbs, N.M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Casinghead Gas MUST NOT BE
Recompletion <input type="checkbox"/>	FLARED AFTER 11/3/75
Change in Ownership <input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	IS OBTAINED.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Warren Unit #1	Well No. 32	Pool Name, including Formation Blincry Oil + Gas	Kind of Lease State, <input checked="" type="radio"/> Federal or Fee	Lease No. LC031695(4)
Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The EAST				
Line of Section 27 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 type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Midland Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) Monument N.M.	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 33
	Twp. 20	Rge. 38
	Is gas actually connected? No When	

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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 6-17-75	Date Compl. Ready to Prod. 9-2-75		Total Depth 6825		P.B.T.D. 6134			
Elevations (DF, RKB, RT, GR, etc.) 3556 DF	Name of Producing Formation Blincry Oil + Gas		Top Oil/Gas Pay 5952		Tubing Depth 5984			
Perforations 5953, 57, 83, 6001, 08, 6069					Depth Casing Shoe 6825			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	9 5/8	1480	600
	7	6825	1200
	2	5984	

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 9-3-75	Date of Test 9-4-75	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs	Tubing Pressure 50 #	Casing Pressure	Choke Size 20/64
Actual Prod. During Test	Oil-Bbls. 182	Water-Bbls. 20	Gas-MCF 206

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

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 is true and complete to the best of my knowledge and belief.

R. D. ...
(Signature)
Asst. ...
(Title)
9-8-75
(Date)

ms-6-2074(4) file

OIL CONSERVATION COMMISSION

APPROVED **SEP 10 1975**, 19
BY **John W. Runyan**
TITLE **Geologist**

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.