

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
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-110
Effective 1-1-65

I. Operator CONTINENTAL Oil Company
Address Box 460 Hobbs, N. M. 88240
Reason(s) for filing (check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) **CASINGHEAD GAS MUST NOT
FLARED AFTER 10/8/75
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>WARREN UNIT</u>	<u>32</u>	<u>WARREN Tubb Oil</u>	<u>LC 03169561</u>	
Location				
Unit Letter	<u>P</u>	Feet From The	<u>SOUTH</u> Line and	<u>660</u> Feet From The
Line of Section	<u>27</u>	Township	<u>20-S</u>	Range
			<u>38-E</u>	NMPM, <u>Lea</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>PERMIAN CORPORATION</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>NONE AT THIS TIME</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>P 27 26 38</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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>6-17-75</u>	<u>8-7-75</u>	<u>6825</u>	<u>6736</u>					
Elevations (DF, RKB, RT, GR, etc.,)	Name of Producing Formation	Top Oil/ Gas Pay	Tubing Depth					
	<u>WARREN TUBB OIL</u>	<u>6624</u>	<u>6724</u>					
Perforations	Depth Casing Shoe							
<u>6672, 6706, 6713, 6719, 6659, 6661, 6624, 6626, 6672, 6706</u>	<u>6825</u>							
<u>6713, 6719, 6659, 6661, 6624, 6626</u>								
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>1480</u>	<u>600</u>					
	<u>7</u>	<u>6825</u>	<u>1200</u>					
	<u>2 7/8</u>	<u>6724</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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>8-8-75</u>	<u>8-13-75</u>	<u>PUMP</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 HRS</u>			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u>12</u>	<u>7</u>	<u>TSTM</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.

B. Dillema
(Signature)

As Staff Asst
(Title)

8-14-75
(Date)

nmcc(5) 45654 nm54(4) file

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

AUG 18 1975, 19____
John W. Ryan
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.

Field Name _____ County Lea State N.M.
Operator Continental Oil Company Address P. O. Box 460, Hobbs, N.M.
Lease Name & No. Warren Unit #32 Survey _____

RECORD OF INCLINATION

Depth (feet)	Angle of Inclination (degrees)	Displacement (feet)	Accumulative Displacement (feet)
250	1/2	2.18	2.18
500	3/4	3.27	5.45
725	1/2	1.96	7.41
988	1/2	2.28	9.69
1230	1/2	2.11	11.80
1450	1-1/2	5.76	17.56
1487	1-1/4	.81	18.37
1545	1-1/4	1.26	19.63
1790	1-3/4	7.47	27.10
2040	1-3/4	7.62	34.72
2290	1-3/4	7.63	42.35
2520	1-3/4	7.01	49.36
2829	1-3/4	9.42	58.78
3050	1-3/4	6.74	65.52
3350	1-1/2	7.26	72.78
3850	1/2	4.35	77.13
4050	1/2	1.74	78.87
4355	1/2	2.65	81.52
4677	1/2	2.80	84.32
5177	1	8.75	93.07
5677	3/4	6.55	99.62
5822	1/2	1.26	100.88
6300	3/4	6.26	107.14
6385	3/4	1.11	108.25
6588	3/4	2.66	110.91
6745	3/4	2.06	112.97
6825	3/4	1.05	114.02

Total Displacement 114.02

Survey was run in Open hole Distance to the nearest lease line _____.

Certification of personal knowledge of Inclination Data:

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete.

Lois Mary Robison
Signature

TRG Drilling Corporation
Company

State of Texas)
County of Midland)

Before me, the undersigned, a Notary Public in and for said County and State, on this day personally appeared Lois Mary Robison known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purpose and consideration therein expressed and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS 17th DAY OF July 1975.

My Commission Expires

June 1, 1977

Mary Ann Ferguson
Notary Public in and for said
County and State.