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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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 <b>CONTINENTAL OIL CO.</b>	
Address <b>Box 460 Hobbs, N.M.</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<b>LEASE NAME REDESIGNATION FORMERLY WARREN UNIT AC-1</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <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		Kind of Lease	Lease No.
Lease Name <b>WARREN UNIT - BLINERY</b>	Well No. <b>33</b>	State, Federal or Fee <b>20-031695(h)</b>	
Pool Name, Including Formation <b>BLINERY OIL &amp; GAS</b>			
Location			
Unit Letter <b>F</b>	<b>1980</b>	Feet From The <b>NORTH</b>	Line and <b>1980</b>
Feet From The <b>WEST</b>			
Line of Section <b>27</b>	Township <b>20-S</b>	Range <b>38-E</b>	County <b>LEA</b>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		<b>MEDLAND TEXAS</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
<b>SKELLY OIL COMPANY</b>		<b>EDMOND, N.M.</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>L</b>	Sec. <b>33</b>	Twp. <b>20</b>
	Rge. <b>38</b>	Is gas actually connected? <b>YES</b>	When <b>3-4-75</b>

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.**

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen
Designate Type of Completion - (X)						
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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
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.

**Robert F. Smith**  
(Signature)  
**Associate Staff Assistant**  
(Title)  
**12-12-75**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

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.