

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

Operator CONTINENTAL OIL COMPANY

Address Box 460, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐

Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE  
FLAMED AFTER 10/12/75  
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 <u>WARREN UNIT</u>	Well No. <u>33</u>	Pool Name, Including Formation <u>WARREN Tubb Oil</u>	Kind of Lease State, Federal or Fee <u>LC-031695(6)</u>	Lease No.
Location Unit Letter <u>F</u> <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> 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"/> <u>PERMIAN CORPORATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>MIDLAND, TEXAS</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NONE AT THIS TIME</u>	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 <u>F</u> Sec. <u>27</u> Twp. <u>20</u> Rge. <u>38</u>
Is gas actually connected?	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'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded <u>7-12-75</u>	Date Compl. Ready to Prod. <u>8-12-75</u>	Total Depth <u>7850</u>	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) <u>3549 GR</u>	Name of Producing Formation <u>WARREN Tubb Oil</u>	Top Oil/Gas Pay <u>6575</u>	Tubing Depth <u>6590</u>
Perforations <u>6649, 64.73, 83, 6576, 6615</u>		Depth Casing Shoe <u>7050</u>	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/2</u>	<u>9 5/8</u>	<u>1504</u>	<u>600</u>
	<u>7"</u>	<u>7050</u>	<u>1225</u>
	<u>2 7/8</u>	<u>6590</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 <u>8-12-75</u>	Date of Test <u>8-13-75</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 Hrs</u>	Tubing Pressure <u>600</u>	Casing Pressure	Choke Size <u>22/64</u>
Actual Prod. During Test	Oil-Bbls. <u>350</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>73rm</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. D. Sullivan  
(Signature)  
L. Staff  
(Title)  
8-14-75  
(Date)  
NMOC (5) USGS (4) NMFC (4) File

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY John W. Ryan  
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.

Field Name \_\_\_\_\_ County Lea State N.M.

Operator Continental Oil Company Address P. O. Box 460, Hobbs, N.M.  
88240

Lease Name & No. Warren Unit #33 Survey \_\_\_\_\_

RECORD OF INCLINATION

Depth (feet)	Angle of Inclination (degrees)	Displacement(feet)	Accumulative Displacement (feet)
100	1/4	.44	.44
240	1/4	.62	1.06
490	1/4	1.10	2.16
782	1/2	2.54	4.70
1032	3/4	3.28	7.98
1311	3/4	3.65	11.63
1500	3/4	2.47	14.10
1750	3/4	3.28	17.38
2200	3/4	5.90	23.28
2485	1	4.98	28.26
2730	3/4	3.21	31.47
2944	1/2	1.86	33.33
3420	3/4	6.24	39.57
3692	1/4	1.19	40.76
4170	3/4	6.26	47.02
4650	3/4	6.29	53.31
5145	1	8.66	61.97
5500	1	6.21	68.18
6000	3/4	6.55	74.73
6150	3/4	1.96	76.69
6630	1	8.40	85.09
6886	1-3/4	7.81	92.90
7050	1	2.87	95.77

Total Displacement 95.77

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 1st DAY OF August 1975.

My Commission Expires

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

June 1, 1977