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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 CO		
Address Box 460, Hobbs, N.M.		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
New Well <input type="checkbox"/>	Oil <input type="checkbox"/>	CHANGE IN LEASE NAME - FORMERLY WARREN UNIT AC/1
Recompletion <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name WARREN UNIT - Tubb	Well No. 36	Pool Name, Including Formation WARREN TUBB OIL	Kind of Lease State, <u>Federal</u> or Fee	Lease No. LC-031670(B)
Location Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST				
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 checked="" 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> SKELLY OIL COMPANY & WARREN PETROLEUM	Address (Give address to which approved copy of this form is to be sent) EUNICE, N.M. & 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? YES	
	When 1-22-76	

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 GATEWAY OIL COMPANY, INC.**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen
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

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

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.

Robert E. Smith
(Signature)

Staff Assistant
(Title)

1-30-76
(Date)

APPROVED _____, 19____

BY **[Signature]**
TITLE _____

OIL CONSERVATION COMMISSION
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 device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multicompleted wells.

IMAGE (2) USGS (2) NMFU (4) - FILE