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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

I.

Operator CONTINENTAL OIL CO	
Address BOX 460 HOBBS, N.M.	
Reason(s) for filing (Check proper box)	Other (Please explain):
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLAMED AFTER 2/1/76 UNLESS AN EXCEPTION TO 8-409 IS OBTAINED <i>Change of Lease Name</i>
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

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(8)
Location				
Unit Letter A	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	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"/> 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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-16-75	Date Compl. Ready to Prod. 12-1-75	Total Depth 7079	P.B.T.D. 7030					
Elevations (DF, RKB, RT, GR, etc.) 3561	Name of Producing Formation WARREN TUBB OIL	Top Oil/Gas Pay 6528	Tubing Depth 6685					
Perforations 6654' - 62' - 68' - 79' & 6682 6530' - 39' - 62' - 80' - 85' - 9' & 6618		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	9 5/8		1540		600			
	7		7074		1100			
	2 3/8		6538					

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 11-30-75	Date of Test 12-3-75	Producing Method (<u>Flow</u>) pump, gas lift, etc.)	
Length of Test 24	Tubing Pressure 290	Casing Pressure 650	Choke Size 18/64"
Actual Prod. During Test	Oil - Bbls. 142	Water - Bbls. 10	Gas - MCF 280

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)**Associate Staff Assistant**
(Title)**12-11-75**
(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 deviate 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 multiple completed wells.

NMPM (5) USGS (2) NMPM (4) - File

CONTINENTAL OIL COMPANY

P. O. Box 460
Hobbs, New Mexico

12-11-75

New Mexico Oil Conservation Commission
P. O. Box 1980
Hobbs, New Mexico 88240

Gentlemen:

In compliance with New Mexico Oil Conservation Commission Rule III, we are submitting below a list of deviation surveys taken on Continental Oil Company's WARREN UNIT-TUBB No. 36, located Unit Unit D Section 27, LEA County, New Mexico.

<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>
<u>537</u>	<u>1/2</u>	<u>5423</u>	<u>1 1/2</u>	<u> </u>	<u> </u>
<u>631</u>	<u>1/2</u>	<u>5702</u>	<u>1 1/2</u>	<u> </u>	<u> </u>
<u>1163</u>	<u>3/4</u>	<u>6205</u>	<u>1 1/4</u>	<u> </u>	<u> </u>
<u>2014</u>	<u>3/4</u>	<u>6734</u>	<u>1</u>	<u> </u>	<u> </u>
<u>2514</u>	<u>1</u>	<u>6841</u>	<u>1 1/4</u>	<u> </u>	<u> </u>
<u>3016</u>	<u>1/2</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>3101</u>	<u>1/2</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>3616</u>	<u>1 1/4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>3980</u>	<u>1 1/4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>4429</u>	<u>1 1/4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>4925</u>	<u>1 1/4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Yours very truly,

Robert E. Smith

Subscribed and sworn to before me, a Notary Public, in and for Lea County, New Mexico, this 11th day of December, 1975.

2-4-76
My Commission Expire

Robert E. Dellinger
Notary Public