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TRANSPORTER	OIL	
	GAS	
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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 <b>CONTINENTAL OIL CO.</b>	
Address <b>BOX 460 HOBBS, N.M.</b>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) <b>CASINGHEAD GAS MUST NOT BE FLARED AFTER 11/21/76 UNLESS AN EXCEPTION IS OBTAINED</b>	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>WARREN UNIT AC-1</b>	Well No. <b>35</b>	Pool Name, Including Formation <b>WARREN DRAINARD</b>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. <b>LC 031695(B)</b>
Location				
Unit Letter <b>K</b> ; <b>1880</b> Feet From The <b>SOUTH</b> Line and <b>1980</b> Feet From The <b>WEST</b>				
Line of Section <b>28</b> Township <b>20</b> Range <b>38</b> , NMPM, <b>LEA</b> 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"/> <b>SHELL PIPELINE</b>	Address (Give address to which approved copy of this form is to be sent) <b>MIDLAND, TEXAS</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>WARREN PETROLEUM</b>	Address (Give address to which approved copy of this form is to be sent) <b>MONUMENT, N.M.</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>K</b>	Sec. <b>28</b>	Twp. <b>20</b>	Rge. <b>38</b>
Is gas actually connected? <b>NOT AT THIS TIME</b> 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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded <b>9-23-75</b>	Date Compl. Ready to Prod. <b>11-15-75</b>		Total Depth <b>6793</b>		P.B.T.D.			
Elevations (DF, RKB, RT, CR etc.) <b>3531</b>	Name of Producing Formation <b>DRINKARD</b>		Top Oil/Gas Pay <b>6737</b>		Tubing Depth <b>6793</b>			
Perforations <b>6738', 43, 53, 58, 63, 76 &amp; 6782'</b>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>12 3/4"</b>	CASING & TUBING SIZE <b>9 5/8</b>		DEPTH SET <b>1495</b>		SACKS CEMENT <b>600</b>			
	<b>7</b>		<b>7000</b>		<b>750</b>			
	<b>2 7/8</b>		<b>6793</b>					

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 <b>11-21-75</b>	Date of Test <b>11-21-75</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PUMP</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure <b>—</b>	Casing Pressure <b>—</b>	Choke Size <b>—</b>
Actual Prod. During Test	Oil-Bbls. <b>80</b>	Water-Bbls. <b>35</b>	Gas-MCF <b>202</b>

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)

**11-25-75**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **[Signature]**, 19

BY **[Signature]**

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.

NMOCC(5) - USGS(2) - NMFU(4) - FILS

IF YOU HAVE HAD CHANCE  
TO VISIT THE SITE OF THE  
OLD WATKINS CEMETERY  
PLEASE

CONTINENTAL OIL COMPANY

P. O. Box 460  
Hobbs, New Mexico

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 AC-1 No. 35, located Unit Unit K Section 28, LEA County, New Mexico.

DEPTH	DEGREE	DEPTH	DEGREE	DEPTH	DEGREE
<u>460</u>	<u>1/2</u>	<u>5301</u>	<u>3/4</u>		
<u>660</u>	<u>1/4</u>	<u>6106</u>	<u>1</u>		
<u>1154</u>	<u>1/2</u>	<u>6582</u>	<u>1 1/4</u>		
<u>1400</u>	<u>3/4</u>	<u>7000</u>	<u>1</u>		
<u>2000</u>	<u>1/2</u>				
<u>2486</u>	<u>1/2</u>				
<u>2960</u>	<u>1/2</u>				
<u>3431</u>	<u>3/4</u>				
<u>3937</u>	<u>3/4</u>				
<u>4442</u>	<u>3/4</u>				
<u>4820</u>	<u>3/4</u>				

Yours very truly,

Subscribed and sworn to before me, a Notary Public, in and for Lea County, New Mexico, this 25 day of NOV, 19 75.

My Commission Expire 7-4-76

Antoni E. Dellepiane  
Notary Public

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DEC 11 1976

OIL CONSERVATION COMM.  
HONOLULU, H. I.