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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

Operator <u>Continental Oil Company</u>	
Address <u>Box 460 Hobbs New Mexico 88240</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE. R-5215

II. DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name <u>WARREN UNIT 01/1</u>	Well No. <u>39</u>	Pool Name, including Formation <u>Blinberry Oil & Gas</u>
Kind of Lease State, <u>Federal</u> or Fee <u>LC-063458</u>		
Location Unit Letter <u>B</u> ; <u>1980</u> Feet From The <u>EAST</u> Line and <u>660</u> Feet From The <u>NORTH</u> Line of Section <u>34</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		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<u>Shell Pipeline Co</u>	<u>Midland, TEXAS</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>WARREN Petroleum Corp</u> <u>Skelly Oil Company</u>	<u>Midland, TEXAS</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>33</u>	Twp. <u>20</u>
	Rge. <u>38</u>	Is gas actually connected? <u>yes</u>	When <u>3-13-76</u>

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 LEA OIL COMPANY.

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen
Designate Type of Completion - (X)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Date Spudded <u>1-7-76</u>	Date Compl. Ready to Prod. <u>3-13-76</u>	Total Depth <u>7025</u>	P.B.T.D. <u>6275</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3529 GR</u>	Name of Producing Formation <u>Blinberry Oil & Gas</u>	Top Oil/Gas Pay <u>5875</u>	Tubing Depth <u>5970</u>			
Perforations <u>5875, 90, 5912, 19, 25, 31, 36, 5943</u>		Depth Casing Shoe <u>7025</u>				
TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
<u>14 3/4</u>	<u>9 5/8</u>	<u>1525</u>	<u>700</u>			
	<u>7</u>	<u>7025</u>	<u>1225</u>			
	<u>2 7/8</u>	<u>5970</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>3-16-76</u>	Date of Test <u>3-17-76</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 HRS</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>87</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>580</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. Dilligier
(Signature)
Asst. Sec.
(Title)
3-30-76
(Date)

unrec(5) 11565(2) unit(4) file

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Jerry Septer
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.

Robinson Bros. Drilling Company
1000 Gihls Tower West
Midland, Texas 79701

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

Gentlemen:

We submit the following deviation surveys for your information:

Field Name _____ County _____ Lea _____ State New Mexico
Operator Continental Oil Company Address P. O. Box 460 City Hobbs, New Mexico
Lease Name Warren Unit A/C Well No. 39 Section 34 Township 20-S
Range 38-E

[illegible]

Survey was run in drill pipe.

Certification of Personal Knowledge Inclination Data:

I hereby certify that I have personal knowledge of the data and facts on this form and that such information given above is true and complete.

C. M. Anderson
C. M. Anderson, President

ROBINSON BROS. DRILLING CO.

Sworn and Subscribed to me this the 26th day of January 19 76

My Commission expires 6-1-77.

P. B. Zellmer, Notary in and for
Midland County, Texas