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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

Operator <i>Continental Oil Company</i>	
Address <i>P.O. BOX 460 Hobbs, N.Mex</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<i>Change in ownership</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

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

DESCRIPTION OF WELL AND LEASE

Lease Name <i>Warren Unit</i>	Well No. <i>40</i>	Pool Name, Including Formation <i>Blinbury oil &amp; Gas</i>	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee <i>LC-0316</i>	Lease No. <i>95(b)</i>
Location				
Unit Letter <i>G</i>	<i>1980</i>	Feet From The <i>North</i> Line and <i>1980</i>	Feet From The <i>East</i>	
Line of Section <i>27</i>	Township <i>20S</i>	Range <i>38E</i>	NMPM, <i>Yea</i>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<i>Shell Pipeline</i>	<i>Midland, Texas</i>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<i>Skelly Oil Co.</i> <i>Warren Petroleum</i>	<i>Ennis, N.Mex.</i> <i>Monument, N.Mex.</i>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <i>L</i> Sec. <i>33</i> Twp. <i>20</i> Rge. <i>38</i>	<i>Yes</i> <i>3-21-76</i>

If this production is commingled with that from any other lease or pool, give commingling order number:

EFFECTIVE JANUARY 31, 1977,

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen
Date Spudded <i>1-27-76</i>	Date Compl. Ready to Prod. <i>3-21-76</i>	Total Depth <i>7070</i>	P.B.T.D. <i>—</i>		
Elevations (DF, RKB, RT, GR, etc.) <i>3563 D.F.</i>	Name of Producing Formation <i>Blinbury</i>	Top Oil/Gas Pay <i>5912'</i>	Tubing Depth <i>6056</i>		
Perforations <i>5912, 34', 50', 75', 5982', 6030, 6034</i>			Depth Casing Shoe <i>7070</i>		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>12 1/4"</i>	<i>9 5/8"</i>	<i>1538</i>	<i>550 SKS - Class C</i>
<i>8 3/4"</i>	<i>7"</i>	<i>7070</i>	<i>650 SKS - Class C</i>
	<i>2 3/8" tbg</i>	<i>6056</i>	

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 <i>3-21-76</i>	Date of Test <i>3-28-76</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump</i>	
Length of Test <i>24 hours</i>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <i>15</i>	Water - Bbls. <i>0</i>	Gas - MCF <i>TSTM</i>

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

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.

*Gailand Medeiros*  
(Signature)  
*Staff Assistant*  
(Title)  
*April 13, 1976*  
(Date)

*Almcc-5 HSGC-2 NMFU-4*

OIL CONSERVATION COMMISSION

APPROVED *APR 16 1976*, 19\_\_\_\_  
BY *Jerry Skelly*  
TITLE *SUPERVISOR*

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.

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/12/2011 BY 60322

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APR 15 1976

GIL CONSERVATION COMM.  
HOBBS, N. M.