

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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>Box 460 Hobbs, N.Mex</i>	
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) <i>Change</i>	

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.

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name <i>Warren Unit</i>		<i>40</i>	<i>Warren Tubb</i>	State, Federal or Fee <i>LC-0316</i>	<i>95(6)</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>Lea</i>	County	

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"/>	<i>Shell Pipeline</i>	<i>Midland Texas</i>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	<i>Shell, etc. Co.</i>	<i>Eunice, N.Mex.</i>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	<i>Warren Petroleum</i>	<i>Monument, N.Mex.</i>	
If well produces oil or liquids, give location of tanks.	Unit <i>L</i> Sec. <i>33</i> Twp. <i>20</i> Rge. <i>38</i>	Is gas actually connected?	When <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, SKELLY OIL COMPANY MERGED INTO GULF OIL COMPANY**

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen
Designate Type of Completion - (X)		<i>X</i>				
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.		
Elevations (DF, RKB, RT, GR, etc.) <i>3563 D.F.</i>	Name of Producing Formation <i>Warren Tubb</i>	Top Oil/Gas Pay <i>6510'</i>		Tubing Depth <i>6668</i>		
Perforations <i>6608', 17', 30', 47', 59', 72', 88', 6693' w/ 1 1/2 spf</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" CSG</i>	<i>1538</i>		<i>550 SKS - CORRO</i>		
<i>8 3/4"</i>	<i>7" CSG</i>	<i>7070</i>		<i>650 SKS - CORRO</i>		
	<i>2 3/8" thg.</i>	<i>6668</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>4-8-76</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>16</i>	Gas - MCF <i>110 mcf</i>

GAS WELL		Gravity of Condensate	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

1. 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.

Garland Modano

(Signature)

Staff Assistant

(Title)

April 13, 1976

(Date)

N/MACC-5 HCC-2 N/MFU-4

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 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.

RECEIVED

APR 15 1976
OIL CONSERVATION COMM.
HOBBBS, N. M.