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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>Box 460 Hobbs, N.Mex</i>	
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 _____

DESCRIPTION OF WELL AND LEASE				
Lease Name <i>Warren Unit</i>	Well No. <i>41</i>	Pool Name, Including Formation <i>Warren tubb</i>	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee <i>LC-031</i>	Lease No. <i>695(b)</i>
Location				
Unit Letter <i>N</i>	<i>660</i>	Feet From The <i>South</i> Line and <i>1980</i>	Feet From The <i>West</i>	
Line of Section <i>27</i>	Township <i>20 S</i>	Range <i>38 E</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 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. Warren Petroleum</i>	<i>Eunice, N.M. Monument, N.M.</i>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<i>L 33 20 38</i>	<i>yes 3-24-76</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 BATEX OIL COMPANY.**

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug <input type="checkbox"/> Side Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>		
Date Spudded <i>2-19-76</i>	Date Compl. Ready to Prod. <i>3-24-76</i>	Total Depth <i>6910'</i>	P.B.T.D. <i>—</i>
Elevations (DF, RKB, RT, GR, etc.) <i>3543' D.F.</i>	Name of Producing Formation <i>Warren tubb</i>	Top Oil/Gas Pay <i>6532'</i>	Tubing Depth
Perforations <i>6538', 52', 62', 81', 6593', 6616', 21', 6645'</i>	Depth Casing Shoe <i>6910'</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>1500'</i>	<i>625 SKS - Cement</i>
<i>8 3/4"</i>	<i>7" CSG</i>	<i>6910'</i>	<i>975 SKS</i>
	<i>2 3/8" TBG</i>	<i>6303'</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>3-24-76</i>	Date of Test <i>4-5-76</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Flowing</i>	
Length of Test <i>24 hours</i>	Tubing Pressure <i>680 #</i>	Casing Pressure <i>900 #</i>	Choke Size <i>2 3/4</i>
Actual Prod. During Test	Oil - Bbls. <i>155</i>	Water - Bbls. <i>10</i>	Gas - MCF <i>1775</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

I. 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 Medeiros
(Signature)
Staff Assistant
(Title)
April 13 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED *APR 16 1976*, 19____

BY *Jerry Skelly*

TITLE **SUPERVISOR DISTRICT 1**

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.

MOCC-5 USGS-2 NMFC-4

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MAY 15 1976

TO DIRECTOR, FBI
FROM [illegible]