

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.M. 88240</i>		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well ☒	Change in Transporter of:	
Recompletion ☐	Oil ☐ Dry Gas ☐	
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐	

If change of ownership give name
and address of previous owner.

DESCRIPTION OF WELL AND LEASE

Lease Name <i>WARRIOR UNIT</i>	Well No. <i>43</i>	Pool Name, Including Formation <i>WARRIOR Tubb Oil</i>	Kind of Lease <i>LC-031676(b)</i>	Lease No.
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>21</i>	Township <i>20-S</i>	Range <i>3-E</i>	NMPM, <i>LEA</i>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	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 ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
<i>WARRIOR Petroleum</i>	<i>Musamont, New Mexico</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? <i>YES</i>	When <i>1-31-77</i>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒	Gas Well	New Well ☒	Workover	Deepen	Plug Back	Some Restv.	Diff. Restv.
Date Spudded <i>11-30-76</i>	Date Compl. Ready to Prod. <i>1-31-77</i>		Total Depth <i>7025</i>		P.R.T.D. <i>6987</i>			
Deviations (DF, RKB, RT, GR, etc.) <i>3554 GR</i>	Name of Producing Formation <i>WARRIOR Tubb Oil</i>		Top Oil/Gas Pay <i>1541</i>		Tubing Depth <i>6712</i>			
Perforations <i>6544, 73, 6645, 58, 69, 78, 96</i>					Depth Casing Shoe <i>7025</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>1465</i>	<i>625</i>
<i>8 3/4</i>	<i>7</i>	<i>7025</i>	<i>1605</i>
	<i>2 7/8</i>	<i>6712</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>2-1-77</i>	Date of Test <i>2-7-77</i>	Producing Method (Flow, pump, gas lift, etc.) <i>PUMP</i>	
Length of Test <i>24 HRS</i>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <i>37</i>	Water-Bbls. <i>0</i>	Gas-MCF <i>17</i>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

B. Dillinger
By [Signature] (Signature)
2-9-77 (Date)
more (5) 4565(2) file

OIL CONSERVATION COMMISSION

APPROVED *2-11-77* 19__
BY *[Signature]*
TITLE *SUPERVISOR DISTRICT I*

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.