

FILE	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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-11
Effective 1-1-63

Operator <u>Continental Oil Co.</u>	
Address <u>P.O. Box 460 Hobbs, NM</u>	
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)	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Warren Unit</u>	Well No. <u>44</u>	Pool Name, Including Formation <u>Blinberry Oil & Gas</u>	Kind of Lease <u>Lease</u>	Lease No. <u>20063458</u>
Location				
Unit Letter <u>M</u>	<u>660</u>	Feet From The <u>South</u>	Line and <u>660</u>	Feet From The <u>West</u>
Line of Section <u>26</u>	Township <u>20</u>	Range <u>38</u>	County <u>Lea</u>	

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)					
<u>Shell Pipeline</u>	<u>Midland TX</u>					
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)					
<u>Warren Petroleum & Getty Oil</u>	<u>Monument 2 Hobbs, NM</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>4-1-77</u>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>2-13-77</u>	Date Compl. Ready to Prod. <u>4-1-77</u>	Total Depth <u>950</u>			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <u>Blinberry Oil & Gas</u>	Top Oil/Gas Pay <u>5954</u>			Tubing Depth <u>6071</u>			
Perforations <u>5956, 6176, 40, 6005, 09, 21, 40, 55, 64, 76</u>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>9 5/8</u>	<u>1553</u>	<u>650</u>
<u>8 3/4</u>	<u>7</u>	<u>7007</u>	<u>1500</u>
	<u>2 3/8</u>	<u>6071</u>	

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>4-19-77</u>	Date of Test <u>4-23-77</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hr</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <u>92</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>102</u>

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.

M. K. Jensen
(Signature)
Staff Accountant
(Title)
4-26-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 29 1977, 19____
BY Jerry L. Smith
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 changes of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

nmcc (5), USGS (2), NMRA (4), File