

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-1
Effective 1-1-65

Operator CONTINENTAL OIL COMPANY	
Address BOX 460, HOBBS, N. M. 88240	
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

DESCRIPTION OF WELL AND LEASE

Lease Name <i>Wicks Unit Blinney Bdry</i>	Well No. <i>46</i>	Pool Name, Including Formation <i>Blinney Oil & Gas</i>	Kind of Lease State, Federal or Free	Lease No. <i>LC 063458</i>
Location				
Unit Letter <i>K</i>	<i>1980</i>	Feet From The <i>South</i>	Line and <i>1980</i>	Feet From The <i>West</i>
Line of Section <i>26</i>	Township <i>20-S</i>	Range <i>38-E</i>	NMPM, <i>Lea</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>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>Midland Texas</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>5-4-78</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 <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 <i>3-14-78</i>	Date Compl. Ready to Prod. <i>4-25-78</i>		Total Depth <i>6825</i>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <i>3553 GR</i>	Name of Producing Formation <i>Blinney Oil & Gas</i>		Top Oil/Gas Pay <i>5952</i>		Tubing Depth <i>6095</i>			
Perforations <i>5953, 54, 85, 42, 45, 6005, 61, 65, 72, 81</i>					Depth Casing Shoe <i>1456</i>			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>12 1/4</i>	<i>9 5/8</i>	<i>1456</i>	<i>625</i>
<i>8 3/4</i>	<i>7</i>	<i>6815</i>	<i>2080</i>
	<i>2 3/8</i>	<i>6095</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>5-3-78</i>	Date of Test <i>5-10-78</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump</i>	
Length of Test <i>24 HR</i>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <i>62</i>	Water-Bbls. <i>18</i>	Gas-MCF <i>20</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

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.

Wm. R. Butterfield
(Signature)

ADMINISTRATIVE SUPERVISOR

5-11-78
(Date)

NMOCC (5) USGS (2) NMFC (4) File

OIL CONSERVATION COMMISSION

APPROVED *MAY 15 1978*, 19

BY *Barry Schenck*

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 deeper well, this form must be accompanied by a tabulation of the deviat. tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such changes of condition.

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

INCLINATION REPORT

OPERATOR Continental Oil Co. ADDRESS Box 460, Hobbs, New Mexico 88240
 LEASE NAME Warren Unit WELL NO. 46 FIELD _____
 LOCATION Section 26, T-20S, R-38E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
500	3/4	6.5500	6.5500
769	1/2	2.3403	8.8903
1087	3/4	4.1658	13.0561
1461	1/2	3.2538	16.3099
1712	3/4	3.2881	19.5980
1962	1/2	2.1750	21.7730
2363	1/2	3.4887	25.2617
2610	3/4	3.2357	28.4974
2830	3/4	2.8820	31.3794
2967	1 1/4	2.9866	34.3660
3467	1 1/4	10.9000	45.2660
3967	1 1/4	10.9000	56.1660
4450	1 1/2	12.6546	68.8206
4800	1 1/4	7.6300	76.4506
5291	1	8.5925	85.0431
5860	3/4	7.4539	92.4970
6335	1/2	4.1325	96.6295
6825	3/4	6.4190	103.0485

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

Garlin Taylor
 TITLE Garlin Taylor, Admn. Asst.

AFFIDAVIT:

Before me, the undersigned authority, appeared Garlin Taylor known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Garlin Taylor
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 7th day of April, 1978

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL

James F. [Signature]
 Notary Public in and for the County
 of Lea, State of New Mexico