

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)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name WARRIOR UNIT-Tubb	Well No. 46	Pool Name, including Formation WARRIOR Tubb OIL	Kind of Lease State, Federal or Fee	Lease No. LC 063458
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line of Section <u>26</u> Township <u>20-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SHELL Pipeline	Address (Give address to which approved copy of this form is to be sent) Midland, TEXAS			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARRIOR Petroleum GUTHrie	Address (Give address to which approved copy of this form is to be sent) Midland, TEXAS			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 33	Twp. 20	Rge. 38
	Is gas actually connected?		When 5-4-78	

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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 3-14-78	Date Compl. Ready to Prod. 4-25-78		Total Depth 6825			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.) 3553 GR	Name of Producing Formation Blindley Oil 4615		Top Oil/Gas Pay 6602			Tubing Depth 6692		
Perforations 6604, 12, 21, 42, 45, 64, 73, 77, 90, 96, 6702						Depth Casing Shoe 1456		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	9 5/8	1456	625
8 3/4	7	6815	2080
	2 3/8	6692	

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 all
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5-3-78	Date of Test 5-10-78	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 HR	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 71	Water-Bbls. 0	Gas-MCF 195

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. A. Butterfield
(Signature)

ADMINISTRATIVE SUPERVISOR

5-11-78

(Title)

(Date)

NMOCC (5) 4565(2) nmfw(4) file

OIL CONSERVATION COMMISSION

APPROVED MAY 15 1978, 19__

BY [Signature]
TITLE ADMINISTRATOR 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 deep
well, this form must be accompanied by a tabulation of the dev
tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of ow
well name or number, or transporter, or other such change of condit

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