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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

I. Operator Continental Oil Company
Address Box 460 Hobbs, N.M. 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) _____

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

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>WARREN UNIT BLINEBERRY BTRY 1</u>	Lease No. <u>49</u>	Well No. <u>49</u>	Pool Name, including Formation <u>WARREN BLINEBERRY OIL AND GAS</u>	Kind of Lease <u>LC</u>
Location Unit Letter <u>J</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>20S</u> Range <u>38E</u> , NMPM, <u>LEA</u> County				State (Federal or Fee) <u>063458</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>SHELL PIPELINE</u>	Address (Give address to which approved copy of this form is to be sent) <u>MIDLAND, TEXAS</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>WARREN PETROLEUM</u>	Address (Give address to which approved copy of this form is to be sent) <u>MONUMENT, N.M.</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>9-10-78</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded <u>7-28-78</u>	Date Compl. Ready to Prod. <u>9-10-78</u>		Total Depth <u>7000</u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <u>3559.5 GR</u>	Name of Producing Formation <u>BLINEBERRY</u>		Top Oil/Gas Pay <u>5980</u>		Tubing Depth <u>6109</u>			
Perforations <u>5983', 6015', 18', 24', 27', 30', 89', 92', 6103'</u>					Depth Casing Shoe <u>6846</u>			
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>1551</u>		<u>630</u>			
<u>8 3/4</u>	<u>7"</u>		<u>6846</u>		<u>680</u>			
	<u>2 3/8</u>		<u>6109</u>					

V. 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>9-10-78</u>	Date of Test <u>9-20-78</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <u>54</u>	Water-Bbls. <u>2</u>	Gas-MCF <u>203</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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.

Bern A. Lee
(Signature)
ADMINISTRATIVE SUPERVISOR
(Title)
9-22-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 20 1978, 19_____
BY John A. Ruman
TITLE Geologist

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.

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INCLINATION REPORT

OPERATOR Continental Oil Company ADDRESS PO Box 460, Hobbs, New Mexico 88240
 LEASE NAME Warren Unit WELL NO. 49 FIELD _____
 LOCATION Section 26, T-20S, R-38E, Lea County New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
250	1/2	2.1750	2.1750
500	1/2	2.1750	4.3500
777	1	4.8475	9.1975
971	1	3.3950	12.5925
1302	1/2	2.8797	15.4722
1365	1/2	.5481	16.0203
1550	1/2	1.6095	17.6298
2043	1/2	4.2891	21.9189
2520	2	16.6473	38.5662
2620	2 1/4	3.9300	42.4962
2744	2 1/4	4.8732	47.3694
2825	1 1/2	3.5316	50.9010
2907	2 1/2	3.5752	54.4762
2993	2	3.0014	57.4776
3134	1 3/4	4.3005	61.7781
3273	1 1/4	3.0302	64.8083
3735	1	8.8050	72.8933
4144	1	7.1575	80.0508
4594	1 1/4	9.8100	89.8608
5099	3/4	6.6155	96.4763
5500	3/4	5.2531	101.7294
5867	1/2	3.1929	104.9223

CONTINUED ON PAGE 2

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

TITLE John Ayers Office Manager

AFFIDAVIT:

Before me, the undersigned authority, appeared John Ayers
 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.

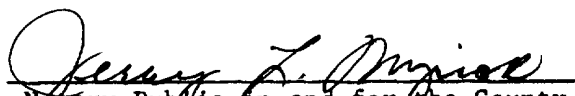


AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 17th day of August, 1978

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL


 Notary Public in and for the County
 of Lea, State of New Mexico

INCLINATION REPORT

OPERATOR Continental Oil Company ADDRESS PO Box 460, Hobbs, New Mexico 88240
 LEASE NAME Warren Unit WELL NO. 49 FIELD _____
 LOCATION Section 26, T-20S, R-38E, Lea County New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
6342	3/4	6.2225	111.1448
6805	1/2	2.0372	113.1820
7000	1	3.4125	116.5945

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

John Ayers

TITLE John Ayers, Office Manager

AFFIDAVIT:

Before me, the undersigned authority, appeared John Ayers, Office Manager
 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.

John Ayers

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 17th day of August, 1978

James L. Mynick
 Notary Public in and for the County
 of Lea, State of New Mexico

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL