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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISS
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 <u>Continental Oil Company</u>	
Address <u>P.O. Box 460, Hobbs, New Mexico 88240</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 Blinberry Brg I</u>	Well No. <u>55</u>	Pool Name, including Formation <u>Blinberry Oil & Gas</u>	Kind of Lease <u>LC</u>	Lease No. <u>063452</u>
Location				
Unit Letter <u>F</u>	1980	Feet From The <u>North</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"/>	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</u>	<u>Monument, 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?		When	
	<u>YES</u>		<u>2-17-79</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>12-8-78</u>	Date Compl. Ready to Prod. <u>2-17-79</u>		Total Depth <u>6900</u>		P.B.T.D. <u>6850</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3560' GR</u>	Name of Producing Formation <u>BLINBERRY OIL & GAS</u>		Top Oil/Gas Pay <u>5976</u>		Tubing Depth <u>6215</u>			
Perforations <u>5976', 79', 82', 87', 97', 6004', 13', 20', 24', 30', 35', 39', 6043'</u>					Depth Casing Shoe			
<u>6090', 6101', 06', 09', 15', 21', 23', 60', 65', 68', 76', 82', 89', 92', 96', 6200'</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>1520</u>		<u>675</u>			
<u>8 3/4</u>	<u>7</u>		<u>6900</u>		<u>2550</u>			
	<u>2 3/8</u>		<u>6215</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>2-17-79</u>	Date of Test <u>3-13-79</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <u>87</u>	Water-Bbls. <u>15</u>	Gas-MCF <u>225</u>

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.	
<u>Bruce A. Lee</u> (Signature) Administrative Supervisor	
<u>APR 6 1979</u> (Date)	

OIL CONSERVATION COMMISSION	
APPROVED <u>APR 6 1979</u> , 19	
BY <u>Jerry Sexton</u>	
TITLE	
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.	

NMCCD-5 NMFN-4 USGS-2 FILE

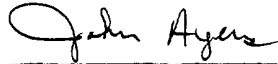
INCLINATION REPORT

OPERATOR Continental Oil Company ADDRESS PO Box 460, Hobbs, New Mexico 88240
 LEASE NAME Warren Unit WELL NO. 55 FIELD _____
 LOCATION Section 26, T-20S, R-38E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
246	1/4	1.0824	1.0824
513	3/4	3.4977	4.5801
761	3/4	3.2488	7.8289
979	1 1/2	5.7116	13.5405
1245	1 1/4	5.7988	19.3393
1520	1	4.8125	24.1518
2020	1	8.7500	32.9018
2516	1 1/2	12.9952	45.8970
3038	2 1/2	22.7592	68.6562
3114	2 1/4	2.9868	71.6430
3291	1 1/2	4.6374	76.2804
3682	1 1/4	8.5238	84.8042
4179	1	8.6975	93.5017
4672	1 1/4	10.7474	104.2491
5189	1 1/4	11.2706	115.5197
5515	1	5.7050	121.2247
6015	1	8.7500	129.9747
6500	1 1/4	10.5730	140.5477
6648	1	2.5900	143.1377
6900	3/4	3.3012	146.4389

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, Officer 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.

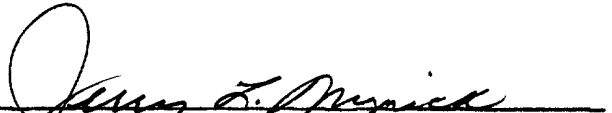


AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 29th day of December, 1978

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL


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