NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator _Continental Oil Company_

Address _PO Box 460 Hobbs, NM 88240_

Reason(s) for filing (Check proper box)

New Well [✓]   Change in Transporter of: Other (Please explain)

Recompletion [ ]   Oil [ ]   Dry Gas [ ]

Change in Ownership [ ]   Casinghead Gas [ ]   Condensate [ ]

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Warren Unit Tubb	LCO 345-8	53	Warren Tubb oil	State / Federal / or Fee

Location

Unit Letter _K_ ; _660_ Feet From The _North_ Line and _1980_ Feet From The _West_

Line of Section _26_ Township _20-S_ Range _38-E_ , NMPM, _Lea_ County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [✓] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Company	Midland TX

Name of Authorized Transporter of Casinghead Gas [✓] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	Monument NM

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	33	20	38	Yes	12-15-78

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-23-78	12-15-78	6825	6784

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3561.5 GR	Warren Tubb oil	6552'	6709

Perforations _6552, 60, 64, 74, 93, 98, 6603, 11, 16, 22, 42, 47, 55, 63, 67,_
79, 93, 6700, 66 w/1 JSPF

Depth Casing Shoe _____

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	1549'	74
8 3/4"	7"	6814'	200
	2 3/8"	6243'	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
12-15-78	2-10-79	Flow

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	N/A	N/A	

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	138	34	425

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

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.

Ben R. Lee
(Signature)

Administrative Supervisor
(Title)

_2-23-79_
(Date)

NMOCC (5), USGS (2), NMFL (4), File

OIL CONSERVATION COMMISSION

APPROVED **FEB 28 1979** , 19____

BY _Jerry Sexton_

TITLE _SUPERVISOR DISTRICT_

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.