

NO. OF COPIES RECEIVED
DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR
PRODUCTION 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

Operator <u>Continental Oil Company</u>		CASSINGHEAD GAS MUST NOT BE PLACED AFTER <u>11/15/78</u> UNLESS AN EXCEPTION TO R-4078 IS OBTAINED.
Address <u>Box 460 Hobbs NM 88240</u>		
Reason(s) for filing (check proper box)		
New Well <input checked="" type="checkbox"/>	Change in Transporter <input type="checkbox"/>	Other (Please explain) <u>Request Temporary Approval To Commingle Production From This Well With That Of SEMCO WARREN No. 10.</u>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Consolidated Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SEMCO WARREN</u>	Lease No. <u>99 WARREN Blinkey, West</u>	Kind of Lease <u>LC 031695(4)</u>
Location Unit Letter <u>F</u> <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1650</u> Feet From The <u>WEST</u>		
Line of Section <u>29</u> Township <u>20-S</u> Range <u>38-E</u> NMPM, <u>LEA</u> County		

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>PERMAN Corporation</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 NEW MEXICO</u>
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>29</u> Twp. <u>20</u> Rge. <u>38</u> Is gas actually connected? <u>NO</u> When _____

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't'n. <input type="checkbox"/>	Diff. Res't'n. <input type="checkbox"/>
Date Spudded <u>8-17-78</u>	Date Compl. Ready to Prod. <u>9-15-78</u>	Total Depth <u>6675</u>	P.B.T.D. <u>5986</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3527 GR</u>	Name of Producing Formation <u>WARREN Blinkey, West</u>	Top Oil/Gas Pay <u>5790</u>	Tubing Depth <u>5803</u>					
Perforations <u>5790-78, 5803-23, 30, 46, 50, 57, 61, 74, 79, 83</u>			Depth Casing Shoe <u>1399'</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE <u>12 1/4</u>	CASING & TUBING SIZE <u>9 5/8</u>	DEPTH SET <u>1399</u>	SACKS CEMENT <u>570</u>
	<u>2 7/8</u>	<u>6036</u>	<u>1670</u>
		<u>5823</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>9-15-78</u>	Date of Test <u>9-18-78</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 HR</u>	Tubing Pressure <u>—</u>	Casing Pressure <u>—</u>	Choke Size <u>—</u>
Actual Prod. During Test	Oil-Bbls. <u>65</u>	Water-Bbls. <u>70</u>	Gas-MCF <u>75</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.

Bruce McLean
(Signature)
Administrative Supervisor
(Title)
9-19-78
(Date)

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

OIL CONSERVATION COMMISSION

APPROVED SEP 21 1978, 19_____
BY Dir. Signed by
Berry Seaton
TITLE Dir. I. Supv.

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.

INCLINATION REPORT

OPERATOR Continental Oil Company ADDRESS Box 460, Hobbs, New Mexico 88240
 LEASE NAME SEMUR ^{W. H. H. H.} Burger "B" WELL NO. 99 FIELD _____
 LOCATION Section 29, T-20S, R-38E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
495	1/4	2.1780	2.1780
870	1 1/2	9.8250	12.0030
1100	1 1/4	5.0140	17.0170
1250	1 1/2	3.9300	20.9470
1876	1	10.9550	31.9020
2094	1 1/4	4.7524	36.6544
2350	1 1/4	5.5308	42.2352
2582	2 1/4	8.8856	51.1208
2807	1 3/4	6.8625	57.9833
2885	2	2.7222	60.7055
2951	2	2.3034	63.0089
3179	2	7.9572	70.9661
3272	1 1/2	2.4366	73.4027
3769	1 1/4	10.8346	84.2373
4274	1 1/2	13.2310	97.4683
4742	1 1/4	10.2024	107.6707
4975	1 3/4	7.1065	114.7772
5472	1 3/4	15.1585	129.9357
5949	1 1/2	12.4974	142.4331
6335	3/4	5.0566	147.4897
6765	3/4	5.6330	153.1227

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
 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 4th day of September, 1978

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL

James E. Murrick
 Notary Public in and for the County
 of Lea, State of New Mexico